

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24159** (8)

1. Corporation Name

ADVENT FOUR OUTREACH MINISTRIES INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

206 LALLA LANE
~~0/0 KEVAN METCALF~~
APOPKA FL 32712
US

206 LALLA LANE
APOPKA FL 32712
US *P*

3. Date Incorporated or Qualified **12/30/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2872887** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired \$8.75 Additional Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *Delete do line*

27

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State

City & State

23

28 *change 2nd "O" to "P"*

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

Zip Country

Zip Country

24

25

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL TERRY
206 LALLA LANE
APOPKA FL 32712

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **METCALF, KEVAN**
STREET ADDRESS ~~3700 RAMSEY DR~~
CITY- ST- ZIP **APOPKA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **1505 Grassy Ridge Lane**
1.4 CITY- ST- ZIP

TITLE **D**
NAME **METCALF, DEBRA**
STREET ADDRESS ~~3700 RAMSEY DR~~
CITY- ST- ZIP **APOPKA FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **1505 Grassy Ridge Lane**
2.4 CITY- ST- ZIP

TITLE **VD**
NAME **WARD, RODNEY**
STREET ADDRESS **1250 PALM BLUFF DRIVE**
CITY- ST- ZIP **APOPKA FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE **D**
NAME **HALL, LAURIE**
STREET ADDRESS **206 LALLA LANE**
CITY- ST- ZIP **APOPKA FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE **DS**
NAME **WARD, BECKY**
STREET ADDRESS **1250 PALM BLUFF DRIVE**
CITY- ST- ZIP **APOPKA FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE **DT**
NAME **HALL, TERRY**
STREET ADDRESS **206 LALLA LANE**
CITY- ST- ZIP **APOPKA FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Terry P. Hall (TERRY P. Hall)*

April 24, 1995 986-4880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.