

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24159 (8)

1. Corporation Name

ADVENT FOUR OUTREACH MINISTRIES INC.

Principal Place of Business

206 LALLA LANE
APOPKA FL 32712
US

Mailing Address

206 LALLA LANE
APOPKA FL 32712
US



3. Date Incorporated or Qualified
12/30/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2872887

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, 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

TITLE DP ☐ DELETE
NAME METCALF, KEVAN
STREET ADDRESS 1505 GRASSY RIDGE LANE
CITY- ST- ZIP APOPKA FL

TITLE D ☐ DELETE
NAME METCALF, DEBRA
STREET ADDRESS 1505 GRASSY RIDGE LANE
CITY- ST- ZIP APOPKA FL

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)