


FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24159 (8)**

1. Corporation Name

**ADVENT FOUR OUTREACH MINISTRIES INC.**



Principal Place of Business <b>206 LALLA LANE APOPKA FL 32712 40</b>	Mailing Address <b>206 LALLA LANE APOPKA FL 32712-4170 40</b>
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3. Date Incorporated or Qualified <b>12/30/1987</b>	3a. Date of Last Report <b>03/13/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. <b>1722 Gulf Winds Ct.</b> 22 City & State <b>Apopka, Fla.</b> 23 Zip <b>32712</b> 24 Country <b>U.S.</b>	2a. Mailing Address 25 Suite, Apt. #, etc. <b>1722 Gulf Winds Ct.</b> 26 City & State <b>Apopka, Fla.</b> 27 Zip <b>32712</b> 28 Country <b>U.S.</b>
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4. FEI Number <b>59-2872887</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HALL TERRY 206 LALLA LANE APOPKA FL 32712</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1722 Gulf Winds Ct.</b>
83	
84 City	<b>Apopka, FL</b>
85 Zip Code	<b>32712</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>METCALF, KEVAN</b>	1.2 NAME	
STREET ADDRESS	<b>1505 GRASSY RIDGE LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>METCALF, DEBRA</b>	2.2 NAME	
STREET ADDRESS	<b>1505 GRASSY RIDGE LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, RODNEY</b>	3.2 NAME	
STREET ADDRESS	<b>1250 PALM BLUFF DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, LAURIE</b>	4.2 NAME	
STREET ADDRESS	<b>206 LALLA LANE</b>	4.3 STREET ADDRESS	<b>1722 Gulf Winds Ct.</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	4.4 CITY-ST-ZIP	<b>Apopka, Fla. 32712</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, BECKY</b>	5.2 NAME	
STREET ADDRESS	<b>1250 PALM BLUFF DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, TERRY</b>	6.2 NAME	
STREET ADDRESS	<b>206 LALLA LANE</b>	6.3 STREET ADDRESS	<b>1722 Gulf Winds Ct.</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	6.4 CITY-ST-ZIP	<b>Apopka, Fla. 32712</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Laurie P. Hall* **Laurie P. Hall** 4/10/97 (407) 826-4980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013022

CR2E037 (9/96)