

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32712-4600
Mailing Address: 206 LALLA LANE APOPKA FL 32712-4178

3. Date Incorporated or Qualified: 12/30/1987
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 1722 Gulf Winds Ct. 23 Apopka, Fla. 24 32712
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 1722 Gulf Winds Ct. 28 Apopka, Fla. 29 32712
25 U.S. 30 U.S.

4. FEI Number: 59-2872887
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: HALL TERRY, 206 LALLA LANE, APOPKA FL 32712

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 1722 Gulf Winds Ct., 83, 84 City: Apopka, FL 85 Zip Code: 32712

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 reinstating) DATE: _____

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

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: Jerry P. Hall DATE: 4/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (407) 826-4980 Daytime Phone # 0013022

CR2E037 (9/96)