

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90239 043 \*\*\*\*61.25

**DOCUMENT # N24159**

1. Corporation Name

**ADVENT FOUR OUTREACH MINISTRIES INC.**

Principal Place of Business

1722 GULF WINDS CT  
APOPKA FL 32712  
US

Mailing Address

1722 GULF WINDS CT  
APOPKA FL 32712  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/30/1987

4. FEI Number

59-2872887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HALL TERRY  
1722 GULF WINDS CT  
APOPKA FL 32712

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE DP  
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 1722 GULF WINDS CT  
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 1722 GULF WINDS CT  
CITY-ST-ZIP APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

6192 Raleigh St. #302  
Orlando, FL. 32835

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6192 Raleigh St. #302  
Orlando, FL. 32835

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

4/20/99 (407)886-4880