

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33955 (6)
 1. Corporation Name
ASSOCIATION OF CHURCH MISSIONS COMMITTEES, INC.



Principal Place of Business 135 EAST SAINT CHARLES RD. #E CAROL STREAM IL 60188	Mailing Address P.O. BOX APMC WHEATON IL 60188 US
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3. Date Incorporated or Qualified 05/16/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 23-7444531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. 60189	30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WALDROP, WILLIAM T	
STREET ADDRESS	161 GREEN MEADOW DR.	
CITY - ST - ZIP	GLENDALE HEIGHTS IL 60139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HULBERT, TERRY	
STREET ADDRESS	1805 CARL RD.	
CITY - ST - ZIP	COLUMBIA SC 29210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NARRAMORE, KATHY	
STREET ADDRESS	2426 SARANDI GRANDE	
CITY - ST - ZIP	HACIENDA HEIGHTS CA 91745	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORTH, TIM	
STREET ADDRESS	3271 WEST CHARWOOD DR.	
CITY - ST - ZIP	PORT HURON MI 48060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HASSINK, ROBERT	
STREET ADDRESS	3100 MEADOW VIEW LANE	
CITY - ST - ZIP	WALNUT CREEK CA 94598	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ROBERT	
STREET ADDRESS	2335 BRINER AVE.	
CITY - ST - ZIP	AKRON OH 44305	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KETCH, BRADLEY	
1.3 STREET ADDRESS	572 FOXFORD ROAD	
1.4 CITY - ST - ZIP	BARTLETT IL 60103	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HULBERT, TERRY	
2.3 STREET ADDRESS	1605 CARL ROAD	
2.4 CITY - ST - ZIP	COLUMBIA SC 29210	
3.1 TITLE	T/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	QUARLES, CHARLES	
3.3 STREET ADDRESS	PO BOX 1048	
3.4 CITY - ST - ZIP	355 Skyline Drive HOCKESSIN DE 19707	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800001876128	
6.3 STREET ADDRESS	-06/26/96--01053--032	
6.4 CITY - ST - ZIP	***61.25	

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: **Bradley Ketch** *Bradley L. Ketch* 5/1/96 708-213-9633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #

CR2E037 (12/95)

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ACMC BOARD OF DIRECTORS

(As of January 1, 1996)

Chairman & Director

BRADLEY KETCH

572 Foxford Road

Bartlett, IL 60103

Director

REV. RICHARD ALLEN FARMER

903 Greenbrair Lane

Duncanville, TX 75138

Vice Chairman & Director

DR. TERRY HULBERT

1605 Carl Road

Columbia, SC 29210

Director

DALE FOLSOM

501 Springlake Lane

Wichita, KS 67230

Treasurer & Director

CHARLES QUARLES

~~P.O. Box 1048~~ 355 Skyline Drive

Hockessin, DE 19707

Director

PETER GEDDES, JR.

1000 Pasquel Avenue

Pasadena, CA 91106

Director

DR. TIMOTHY NORTH

3271 W Charmwood Dr

Port Huron, MI 48060

Secretary & Director

REV. WILLIAM GRANT

614 Elmhurst Avenue

Mt. Prospect, IL 60056

Director

ROBERT HASSINK

3100 Meadow View Lane

Walnut Creek, CA 94598

Director

PHYLLIS SMITH

307 Al Emmons Drive

Princeton, NJ 08540

Director

REV. ROBERT SCHNEIDER

2335 Briner Ave

Akron, OH 44305

President

REV. MICHAEL F. STACHURA

115 Oakhurst Drive

Tyrone, GA 30290

Director

DR. HOWARD F. DOWDELL

52 Carondale Crescent

Scarborough, Toronto ON M1W 2B1