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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 60189-8000 US
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3. Date Incorporated or Qualified 05/16/1991	3a. Date of Last Report 06/26/1996
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2. Principal Place of Business 21 116 Peachtree Court Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 3406 Suite, Apt. #, etc.	4. FEI Number 23-7444531	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Fayetteville, GA	27 City & State 28 Peachtree City	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 30214	25 Country Fayette	29 Zip 30269	30 Country Fayette

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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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 FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KETCH, BRADLEY		1.2 NAME Groh, Greg	
STREET ADDRESS 572 FOXFORD ROAD		1.3 STREET ADDRESS 614 Elmhurst Avenue	
CITY-ST-ZIP BARTLETT IL 60103		1.4 CITY-ST-ZIP Mt. Prospect, IL 60056	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HULBERT, TERRY		2.2 NAME	
STREET ADDRESS 1605 CARL RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP COLUMBIA SC 29210		2.4 CITY-ST-ZIP	
TITLE TP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME QUARLES, CHARLES		3.2 NAME Narramore, Kathy	
STREET ADDRESS 355 SKYLINE DRIVE		3.3 STREET ADDRESS 8175 Villaverde Drive	
CITY-ST-ZIP HOCKESSIN DE 19707		3.4 CITY-ST-ZIP Whittier, CA 90605	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORTH, TIM		4.2 NAME	
STREET ADDRESS 3271 WEST CHARWOOD DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP PORT HURON MI 48060		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HASSINK, ROBERT		5.2 NAME	
STREET ADDRESS 3100 MEADOW VIEW LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP WALNUT CREEK CA 94598		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNEIDER, ROBERT		6.2 NAME Schneider, Robert	
STREET ADDRESS 2335 BRINER AVE.		6.3 STREET ADDRESS 135 Elm Hill	
CITY-ST-ZIP AKRON OH 44305		6.4 CITY-ST-ZIP Akron, OH 44304	

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: *Bill Grand* **REQUIRED** 4/29/97 (847) 228-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
9a. Daytime Phone # 0076517

CR2E037 (9/96)

ACMC BOARD OF DIRECTORS

(As of January 1, 1997)

Chairman & Director

REV. ROBERT SCHNEIDER
135 Fir Hill
Akron, OH 44304

Vice Chairman & Director

DR. TERRY HULBERT
1605 Carl Road
Columbia, SC 29210

Secretary & Director

REV. BILL GRANT
614 Elmhurst Avenue
Mt. Prospect, IL 60056

Treasurer & Director

PHYLLIS SMITH
919 Conestoga Road, Bldg. 1, #303
Rosemont, PA 19010

President

REV. MICHAEL F. STACHURA
115 Oakhurst Drive
Tyrone, GA 30290

Director

DR. HOWARD F. DOWDELL
52 Carondale Crescent
Scarborough, Toronto ON M1W2B1

Director

DR. TIMOTHY NORTH
3271 W. Charmwood Dr.
Port Huron, MI 48060

Director

ROBERT HASSINK
3100 Meadow View Lane
Walnut Creek, CA 94598

Director

PETER GEDDES, JR.
1000 Pasquel Ave.
Pasadena, CA 91106

Director

REV. GREG GROH
10316 North Flanders Court
Mequon, WI 53092

Director

REV. JOHN MARINER
One Cleveland Street
Greenville, SC 29210

Director

Kathy Narramore
8175 Villaverde Drive
Whittier, CA 90605