


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P33955 (6)  
1. Corporation Name  
ASSOCIATION OF CHURCH MISSIONS COMMITTEES, INC.

Principal Place of Business Mailing Address  
116 PEACHTREE COURT FAYETTEVILLE GA 30214 US  
P O BOX 3929 PEACHTREE CITY GA 30269 US

3. Date Incorporated or Qualified  
05/16/1991  
4. FEI Number  
23-7444531 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 PO Box 3929  
22 City & State 27  
23 City & State 28 Peachtree City, GA  
24 Zip 25 Country 29 30269 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

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 Larry LeGrande  
82 Street Address (P.O. Box Number is Not Acceptable) 13607 Dornoch Dr.  
83  
84 City Orlando FL 85 Zip Code 32828

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 Larry LeGrande Regional Director  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GROH, GREG	
STREET ADDRESS	614 ELMHURST AVE	
CITY-ST-ZIP	MT PROSPECT IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HULBERT, TERRY	
STREET ADDRESS	1805 CARL RD.	
CITY-ST-ZIP	COLUMBIA SC 29210	
TITLE	TP	<input type="checkbox"/> DELETE
NAME	NARRAMORE, KATHY	
STREET ADDRESS	8175 VILLVERDE DR	
CITY-ST-ZIP	WHITTIER CA	
TITLE	D	<input checked="" 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 94588	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ROBERT	
STREET ADDRESS	135 FIR HILL	
CITY-ST-ZIP	AKRON OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Acting President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David C. Meade	
1.3 STREET ADDRESS	ACMC, Inc., P. O. Box 3929	N/A
1.4 CITY-ST-ZIP	Peachtree City, GA 30269	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bruce Camp	
2.3 STREET ADDRESS	32952 Danaspruce	
2.4 CITY-ST-ZIP	Dana Point, CA 92629	
3.1 TITLE	Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Woody Phillips	
3.3 STREET ADDRESS	P. O. Box 250	N/A
3.4 CITY-ST-ZIP	Union Mills, SC 28167	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Phyllis Smith	
4.3 STREET ADDRESS	919 Conestoga Rd, Bldg 1,	
4.4 CITY-ST-ZIP	Rosemont, PA 19010	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hewitt Tomlin	XX
5.3 STREET ADDRESS	77 Pine Tree Drive	
5.4 CITY-ST-ZIP	Jackson, TN 38301	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Geri Templeton	
6.3 STREET ADDRESS	1010 North Tustin Avenue	
6.4 CITY-ST-ZIP	Santa Ana, CA 92705	

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 on an alternate date.

SIGNATURE: David C. Meade 2/10/98

CR2E037 (1097)