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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 116 PEACHTREE COURT FAYETTEVILLE GA 30214 US	Mailing Address P O BOX 3929 PEACHTREE CITY GA 30269 US
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2. Principal Place of Business 21	2a. Mailing Address 28 PO Box 3929
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28 Peachtree City, GA
Zip 24	Country 25
30269	30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

3. Date Incorporated or Qualified 05/16/1991
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
85 Zip Code FL 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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	NAME GROH, GREG	DELETED
STREET ADDRESS 614 ELMHURST AVE		
CITY-ST-ZIP MT PROSPECT IL		
TITLE VD	NAME HULBERT, TERRY	DELETED
STREET ADDRESS 1805 CARL RD.		
CITY-ST-ZIP COLUMBIA SC 29210		
TITLE TP	NAME NARRAMORE, KATHY	DELETED
STREET ADDRESS 8175 VILLASVERDE DR		
CITY-ST-ZIP WHITTIER CA		
TITLE D	NAME NORTH, TIM	DELETED
STREET ADDRESS 3271 WEST CHARWOOD DR.		
CITY-ST-ZIP PORT HURON MI 48060		
TITLE D	NAME HASSINK, ROBERT	DELETED
STREET ADDRESS 3100 MEADOW VIEW LANE		
CITY-ST-ZIP WALNUT CREEK CA 94508		
TITLE CD	NAME SCHNEIDER, ROBERT	DELETED
STREET ADDRESS 135 FIR HILL		
CITY-ST-ZIP AKRON OH		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Acting President	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME David C. Meade	
1.3 STREET ADDRESS ACMC, Inc., P. O. Box 3929	
1.4 CITY-ST-ZIP Peachtree City, GA 30269	
2.1 TITLE Secretary	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME Woody Phillips	
3.3 STREET ADDRESS P. O. Box 250	
3.4 CITY-ST-ZIP Union Mills, SC 28167	
4.1 TITLE Treasurer	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
5.2 NAME Hewitt Tomlin	
5.3 STREET ADDRESS 77 Pine Tree Drive	
5.4 CITY-ST-ZIP Jackson, TN 38301	
6.1 TITLE Director	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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 address.

SIGNATURE **David C. Meade** 2/10/98

CR2E037 (1097)