2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# 700923

Entity Name: FLORIDA CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS

Current Principal Place of Business:

655 N WYMORE RD
WINTER PARK, FL 327891715 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2626
WINTER PARK, FL 327902626 US

New Mailing Address:

FEI Number: 59-6137501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMILLAN, FRANK
655 N WYMORE RD
STE 101
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: LEGRAND, JOSE A
Address: 557 APOLLO AVE
City-St-Zip: DELTONA, FL 32725

Title: PD ( ) Delete
Name: CAULEY, MICHAEL F
Address: 1225 GOLF POINT LOOP
City-St-Zip: APOPKA, FL 32712

Title: VPD ( ) Delete
Name: FAIRCHILD, KATHERINE
Address: 652 CADILLAC DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AS ( ) Delete
Name: ELLIOTT, ANDREW
Address: 655 NORTH WYMORE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: VPTD ( ) Delete
Name: ROLLINS, DUANE C
Address: 655 NORTH WYMORE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SHADWICK, JOHN
Address: 655 NORTH WYMORE ROAD
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. LEGRAND SD 09/01/2009

Electronic Signature of Signing Officer or Director — Date