

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90043 024 ****70.00

DOCUMENT # 700923

1. Entity Name

**FLORIDA CONFERENCE ASSOCIATION OF SEVENTH-DAY AD
VENTISTS**



Principal Place of Business

**655 N WYMORE RD
WINTER PARK FL 32789-1715
US**

Mailing Address

**P. O. BOX 2626
WINTER PARK FL 32790-2626
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6137501**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	LEGRAND, JOSE A	557 APOLLO AVE	DELTONA FL 32725	☐ Delete					☐ Change ☐ Addition
PD	HENDERSHOT, LEWIS	1641 MAJESTIC OAK DR.	APOPKA FL 32712	☐ Delete					☐ Change ☐ Addition
VPT	REYNOLDS, RANDEE	3655 LOMOND CT	APOPKA FL 32712	☐ Delete					☐ Change ☐ Addition
AT	ROBERTS, DONNA J	2584 LANCASTER COURT	APOPKA FL	☐ Delete					☐ Change ☐ Addition
D	ROBERT C. SEAL	655 NORTH WYMORE RD	WINTER PARK FL	☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

407-644-5000