

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 812566 (8)

95 FEB -1 PM 1:39

1. Corporation Name
SOUTHERN CALIFORNIA ASSOCIATION OF SEVENTH-DAY ADVENTISTS

Principal Place of Business 1535 E. CHEVY CHASE DR.
GLENDALE CA 91206-4107

Mailing Address 1535 E. CHEVY CHASE DR.
GLENDALE CA 91206-4107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1958
3a. Date of Last Report 04/26/1994

4. FEI Number 95-1816071
Applied For Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMILLAN, FRANK
616 E. ROLLINS ST.
ORLANDO FL 32803

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SULLIVAN, DON K
STREET ADDRESS	24771 SAND WEDGE LANE
CITY - ST - ZIP	VALENCIA CA
TITLE	P
NAME	CHRISTENSEN, BJ
STREET ADDRESS	2858 SLEEPY HOLLOW PLACE
CITY - ST - ZIP	GLENDALE CA
TITLE	VD
NAME	PAYTEE, LORENZO
STREET ADDRESS	1714 NICHOLS CANYON RD.
CITY - ST - ZIP	LOS ANGELES CA
TITLE	VP
NAME	WINSTON, EUNICE E
STREET ADDRESS	1430 LINDA ROSA AVE.
CITY - ST - ZIP	LOS ANGELES CA
TITLE	S
NAME	LA MADRID, KAREN J
STREET ADDRESS	338 N CHEVY CHASE DR., #6
CITY - ST - ZIP	GLENDALE CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SOUTHERN CALIFORNIA ASSN. OF SEVENTH-DAY ADVENTISTS
Eunice E. Winston, Vice President

1-24-95 **(818) 546-8420**
Date Daytime Phone #