

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **812566** (8)

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**

3. Date Incorporated or Qualified: **02/15/1958**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	95-1816071	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, DON K	1.2 NAME	
STREET ADDRESS	24771 SAND WEDGE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALENCIA CA	1.4 CITY-ST-ZIP	91355-2312
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTENSEN, BJ	2.2 NAME	
STREET ADDRESS	2656 SLEEPY HOLLOW PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE CA	2.4 CITY-ST-ZIP	91206-4722
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYTEE, LORENZO	3.2 NAME	
STREET ADDRESS	1714 NICHOLS CANYON RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	90046-2124
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINSTON, EUNICE E	4.2 NAME	800001736998
STREET ADDRESS	1430 LINDA ROSA AVE.	4.3 STREET ADDRESS	-03/08/96--01032--020
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	90041-2309
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA MADRID, KAREN J	5.2 NAME	
STREET ADDRESS	336 N CHEVY CHASE DR., #6	5.3 STREET ADDRESS	1304 E. Stanley, #2
CITY-ST-ZIP	GLENDALE CA	5.4 CITY-ST-ZIP	Glendale, CA 91206-4638
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eunice E. Winston 1-24-96 (818) 546-8420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eunice E. Winston, Vice President

CR2E037 (12/95)