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Jun 01 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 # 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
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3. Date Incorporated or Qualified 02/15/1958
4. FEI Number 95-1816071
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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent
MCMILLAN, FRANK
616 E. ROLLINS ST.
ORLANDO FL 32803

10. Name and Address of New Registered Agent	
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		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, DON K	
STREET ADDRESS	24771 SAND WEDGE LANE	
CITY-ST-ZIP	VALENCIA CA 91355-2312	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, BJ	
STREET ADDRESS	2656 SLEEPY HOLLOW PLACE	
CITY-ST-ZIP	GLENDALE CA 91206-4722	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAYTEE, LORENZO	
STREET ADDRESS	1714 NICHOLS CANYON RD.	
CITY-ST-ZIP	LOS ANGELES CA 90048-2124	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WINSTON, EUNICE E	
STREET ADDRESS	1430 LINDA ROSA AVE.	
CITY-ST-ZIP	LOS ANGELES CA 90041-2309	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LA MADRID, KAREN J	
STREET ADDRESS	1304 E. STANLEY, #2	
CITY-ST-ZIP	GLENDALE CA 91206-4638	
TITLE		<input type="checkbox"/> DELETE
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAVINNESS, Larry L.	
2.3 STREET ADDRESS	2656 Sleepy Hollow Place	
2.4 CITY-ST-ZIP	Glendale, CA 91206-4722	
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 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, or on an attachment with an address.

SIGNATURE: *Karen J. La Madrid* 5-14-98 (818) 546-8433

CR2E037 (10/97)