

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 849661

FILED
May 12, 2003
Secretary of State

Entity Name: SOUTHERN UNION CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS, INCORPORATED

Current Principal Place of Business:

3978 MEMORIAL DRIVE
DECATUR, GA 30032

New Principal Place of Business:

Current Mailing Address:

3978 MEMORIAL DRIVE
DECATUR, GA 30032

New Mailing Address:

FEI Number: 58-6002274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, FRANK
655 NO 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: D () Delete
Name: RODDY, EUGENE
Address: 10719 MILLSFIELD RD
City-St-Zip: OBION, TN

Title: P () Delete
Name: GORDON, MALCOLM D.,
Address: 6920 WHISPERING WIND WAY
City-St-Zip: STONE MOUNTAIN, GA

Title: VP () Delete
Name: CENTER, RICHARD,
Address: 519 SAFARI CIRCLE
City-St-Zip: STONE MOUNTAIN, GA

Title: TD () Delete
Name: CASKEY, JAMES S
Address: 1918 STONEWOOD DRIVE
City-St-Zip: LITHIA SPRINGS, GA

Title: D () Delete
Name: CONNELLY, BONNIE M
Address: 225 SNAIL TRAIL
City-St-Zip: VANCE, SC 29163

Title: SD () Delete
Name: SUMPTER, WARD D
Address: 1904 CARIBEA TRL
City-St-Zip: ATLANTA, GA 30316

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES S CASKEY

TD

05/12/2003

Electronic Signature of Signing Officer or Director

Date