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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 700923

(6)

1. Corporation 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 32780-2626  
US



3. Date Incorporated or Qualified  
05/05/1960

3a. Date of Last Report  
04/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
59-6137501

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE  
NAME POWELL, FLOYD H  
STREET ADDRESS 632 THOMPSON RD  
CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE  
NAME HENDERSHOT, LEWIS  
STREET ADDRESS 2114 PALM VISTA DRIVE  
CITY-ST-ZIP APOPKA FL

TITLE VPT ☐ DELETE  
NAME WILSON, STEPHAN A.  
STREET ADDRESS 1098 NEEDLEWOOD LOOP  
CITY-ST-ZIP OVIEDO FL

TITLE AT ☐ DELETE  
NAME KROGSTAD, ARNT E.  
STREET ADDRESS 913 LARSON DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE PD ☐ DELETE  
NAME GRAHAM, OBED  
STREET ADDRESS 41339 EMERALDE ISLAND ROAD  
CITY-ST-ZIP LEESBURG FL

TITLE ASD ☒ DELETE  
NAME GREEN, DAPHNE  
STREET ADDRESS 1620 ROBERT STREET  
CITY-ST-ZIP LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Secretary

Robert C. Seal

655 North Wymore Road

Winter Park, FL 32789-1715

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert C. Seal, Secretary

April 19, 1996 407 644-5000

Date

Daytime Phone #

CR2E037 (12/95)