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Mar 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700923

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 32790-2626
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/05/1960
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6137501
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
Country	Zip	Country
26	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, FLOYD H	1.2 NAME	
STREET ADDRESS	632 THOMPSON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSHOT, LEWIS	2.2 NAME	
STREET ADDRESS	2114 PALM VISTA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	VPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, STEPHAN A.	3.2 NAME	Reynolds, Randee
STREET ADDRESS	1098 NEEDLEWOOD LOOP	3.3 STREET ADDRESS	3655 Lomond Ct
CITY-ST-ZIP	OVEDO FL	3.4 CITY-ST-ZIP	Apopka, FL
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DONNA J	4.2 NAME	
STREET ADDRESS	2584 LANCASTER COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETZER, GORDON L	5.2 NAME	Retzer, Gordon
STREET ADDRESS	3606 FORMOSA AVE., #4	5.3 STREET ADDRESS	1422 Canal Point Road
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT C. SEAL	6.2 NAME	
STREET ADDRESS	655 NORTH WYMORE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

Date

407/644-5000

Daytime Phone #

CR2E037 (11/98)