

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90054 007 ****70.00

DOCUMENT # 700923

1. Entity Name
**FLORIDA CONFERENCE ASSOCIATION OF
SEVENTH-DAY ADVENTISTS**



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**

54029244



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6137501

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
LEGRAND, JOSE A
557 APOLLO AVE
DELTONA, FL 32725** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HENDERSHOT, LEWIS
1641 MAJESTIC OAK DR.
APOPKA, FL 32712** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
REYNOLDS, RANDEE
3655 LOMOND CT
APOPKA, FL 32712** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
ROBERTS, DONNA J
2584 LANCASTER COURT
APOPKA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ROBERT C. SEAL
655 NORTH WYMORE RD
WINTER PARK, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
VERRILL, THOMAS L
655 N WYMORE RD.
WINTER PARK, FL 327891715** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
Michael Cauley
1225 Golf Point Loop
Apopka FL 32712** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT/AS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/T
Thomas L. Verrill
2306 Walnut Heights Road
Apopka FL 32703** ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-04

407-644-5000