2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 700923

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

Principal Place of Business	Mailing Address
655 N WYMORE RD WINTER PARK, FL 32789-1715 US	P. O. BOX 2626 WINTER PARK, FL 32790-2626 US

DO NOT WRITE IN THIS SPACE

02042008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000821458
02/19/08-80025-009 70.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LEGRAND, JOSE A
STREET ADDRESS	557 APOLLO AVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	CPD
NAME	CAULEY, MICHAEL
STREET ADDRESS	1225 GOLF POINT LOOP
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VD
NAME	CARTER, GLENN
STREET ADDRESS	2458 CAROL WOODS WAY
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VTD
NAME	VERRILL, THOMAS L
STREET ADDRESS	2306 WALNUT HEIGHTS RD.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	AS
NAME	QUALE, WESLEY
STREET ADDRESS	209 S LAVKE CORTEZ DR
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jose' A. LeGrand 2/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #