

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700923

Entity Name: FLORIDA CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS**Current Principal Place of Business:**351 SOUTH STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**351 SOUTH STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 59-6137501**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ELLIOTT, ANDREW
351 SOUTH STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714 US*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:** ANDREW ELLIOTT

02/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VPD
Name COCHRAN, WILLIAM
Address 1506 LITCHEM ROAD
City-State-Zip: APOPKA FL 32712Title ASATD
Name ELLIOTT, ANDREW
Address 623 WOODLAND STREET
City-State-Zip: ALTAMONTE SPRINGS FL 32714Title VPTD
Name RAHMING, ELISA T
Address 207 HERON ST
City-State-Zip: ALTAMONTE SPRINGS FL 32701Title SD
Name BOND, PHILIP J
Address 1428 PAULA DRIVE
City-State-Zip: APOPKA FL 32703Title PD
Name MACHADO, ALLAN
Address 1671 PARKGLEN CIRCLE
City-State-Zip: APOPKA FL 32712

I hereby 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 all other like empowered.

SIGNATURE: ANDREW ELLIOTT

ASSISTANT SECRETARY 02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date