

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 12:26

DOCUMENT # 700923 (6)

1. Corporation Name
FLORIDA CONFERENCE ASSOCIATION OF SEVENTH DAY-AD VENTISTS

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

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date incorporated or Qualified 3a. Date of Last Report
05/05/1960 04/26/1994
4. FEI Number Applied For
59-6137501 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
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 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	POWELL, FLOYD H
STREET ADDRESS	632 THOMPSON RD
CITY - ST - ZIP	APOPKA FL
TITLE	D
NAME	HENDERSHOT, LEWIS
STREET ADDRESS	2114 PALM VISTA DRIVE
CITY - ST - ZIP	APOPKA FL
TITLE	VPT
NAME	WILSON, STEPHAN A.
STREET ADDRESS	1098 NEEDLEWOOD LOOP
CITY - ST - ZIP	OVIDO FL
TITLE	AT
NAME	KROGSTAD, ARNT E.
STREET ADDRESS	913 LARSON DRIVE
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	PD
NAME	GRAHAM, OBED
STREET ADDRESS	330 E. BAHAMA ROAD -
CITY - ST - ZIP	WINTER SPGS - FL
TITLE	ASD
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	41339 Emerald Island Road
5.4 CITY - ST - ZIP	Leesburg FL 34780
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 unchanged, or on an attachment with an address.

SIGNATURE: Stephan A. Wilson April 3, 1995 407 644-5000
Signature and typed or printed name of signing officer or director Date (Day/Month/Year)