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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32780-2626
US

3. Date Incorporated or Qualified
05/05/1960

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-6137501

Applied For
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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 DELETE
NAME POWELL, FLOYD H
STREET ADDRESS 632 THOMPSON RD
CITY-ST-ZIP APOPKA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME HENDERSHOT, LEWIS
STREET ADDRESS 2114 PALM VISTA DRIVE
CITY-ST-ZIP APOPKA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPT DELETE
NAME WILSON, STEPHAN A.
STREET ADDRESS 1008 NEEDLEWOOD LOOP
CITY-ST-ZIP OVIEDO FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AT DELETE
NAME KROGSTAD, ARNT E.
STREET ADDRESS 913 LARSON DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

4.1 TITLE Change Addition
4.2 NAME Donna J. Roberts
4.3 STREET ADDRESS 2584 Lancaster Court
4.4 CITY-ST-ZIP Apopka, FL 32703

TITLE PD DELETE
NAME GRAHAM, OBED
STREET ADDRESS 41339 EMERALDE ISLAND ROAD
CITY-ST-ZIP LEESBURG FL

5.1 TITLE Change Addition
5.2 NAME Gordon L. Retzer
5.3 STREET ADDRESS 3606 Formosa Ave. #4
5.4 CITY-ST-ZIP Orlando, FL 32804

TITLE D DELETE
NAME ROBERT C. SEAL
STREET ADDRESS 655 NORTH WYMORE RD
CITY-ST-ZIP WINTER PARK FL

6.1 TITLE Change 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 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.

SIGNATURE: *Floyd H Powell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 404-644-5000
Date Daytime Phone # 0015341

CR2E037 (9/96)