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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 32790-2626 US

3. Date Incorporated or Qualified: 05/05/1960

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, FLOYD H		1.2 NAME		
STREET ADDRESS	632 THOMPSON RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSHOT, LEWIS		2.2 NAME		
STREET ADDRESS	2114 PALM VISTA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, STEPHAN A.		3.2 NAME		
STREET ADDRESS	1098 NEEDLEWOOD LOOP		3.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		3.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, DONNA J		4.2 NAME		
STREET ADDRESS	2584 LANCASTER COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RETZER, GORDON L		5.2 NAME		
STREET ADDRESS	3606 FORMOSA AVE., #4		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT C. SEAL		6.2 NAME		
STREET ADDRESS	655 NORTH WYMORE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		6.4 CITY-ST-ZIP		

14. 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 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

CR2E037 (10/97)