

FILE NOW: FILING FEE IS \$61.25

FILED

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
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DOCUMENT # **700923** (6)

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

Principal Place of Business 655 N WYMORE RD WINTER PARK FL 32789-1715 US	Mailing Address P. O. BOX 2626 WINTER PARK FL 32780-2626 US
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3. Date Incorporated or Qualified
05/05/1960

4. FEI Number
59-6137501

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

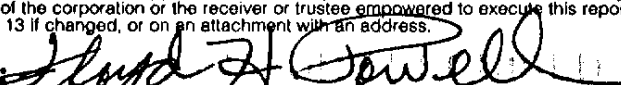
12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	POWELL, FLOYD H	
STREET ADDRESS	632 THOMPSON RD	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	☐ DELETE
NAME	HENDERSHOT, LEWIS	
STREET ADDRESS	2114 PALM VISTA DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	VPT	☐ DELETE
NAME	WILSON, STEPHAN A.	
STREET ADDRESS	1098 NEEDLEWOOD LOOP	
CITY-ST-ZIP	OVIEDO FL	
TITLE	AT	☐ DELETE
NAME	ROBERTS, DONNA J	
STREET ADDRESS	2584 LANCASTER COURT	
CITY-ST-ZIP	APOPKA FL	
TITLE	PD	☐ DELETE
NAME	RETZER, GORDON L	
STREET ADDRESS	3606 FORMOSA AVE., #4	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	ROBERT C. SEAL	
STREET ADDRESS	655 NORTH WYMORE RD	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: 

CP2E037 (10/97)