

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 700923



1. Entity Name
FLORIDA CONFERENCE ASSOCIATION OF
SEVENTH-DAY ADVENTISTS

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



02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6137501	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000821458
02/19/08-80025-009 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEGRAND, JOSE A 557 APOLLO AVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CAULEY, MICHAEL 1225 GOLF POINT LOOP APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, GLENN 2458 CAROL WOODS WAY APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VERRILL, THOMAS L 2306 WALNUT HEIGHTS RD. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS QUALE, WESLEY 209 S LAVKE CORTEZ DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose A. Legrand Date: 2/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR