

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732296

FILED
Mar 23, 2007
Secretary of State

Entity Name: SOUTHEAST MENNONITE CONFERENCE, INC.

Current Principal Place of Business:

35 S BENEVA RD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

35 S BENEVA RD
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-1788846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEILER, NOAH
55 TATUM RD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

DALE BEACHEY
4929 OLD CREEK DR.
SARASOTA, FL 34233 US

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.

SIGNATURE: DALE BEACHEY

03/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GOERTZ, CHARLES
Address: 966 S BLUEBIRD LN
City-St-Zip: HOMESTEAD, FL 33035

Title: D (X) Delete
Name: NAUMAN, KEN
Address: 922 W. HICKORY STREET
City-St-Zip: ARCADIA, FL 34266

Title: PD (X) Delete
Name: IVY, DALE
Address: 16970 22ND STREET
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: STD () Delete
Name: BEACHEY, DALE
Address: 4929 OLD CREEK DR.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOERTZ, CHARLES
Address: 966 S BLUEBIRD LN
City-St-Zip: HOMESTEAD, FL 33035

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE BEACHEY

TREA

03/23/2007

Electronic Signature of Signing Officer or Director

Date