

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 1:43

DOCUMENT # **747239** (2)

1. Corporation Name
SOUTH GEORGIA AND FLORIDA CONFERENCE OF ADVENT CHRISTIAN CHURCHES, INC.

Principal Place of Business	Mailing Address
ADVENT CHRISTIAN HOMES P. O. BOX 4300 DOWLING PARK FL 32060	ADVENT CHRISTIAN HOMES P. O. BOX 4300 DOWLING PARK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/19/1979	3a. Date of Last Report 04/29/1994
4. FEI Number 59-1633381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	20 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**THOMAS, JOYCE K.
23123 98TH TERR.
LIVE OAK FL 32060**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARTER, CRAIG
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE
CITY- ST- ZIP	DOWLING PARK FL 32060
TITLE	VD
NAME	BARCLAY, JOHN R.
STREET ADDRESS	GILLEN ST.
CITY- ST- ZIP	LULU FL 32061
TITLE	VD
NAME	RAY, ROY E.
STREET ADDRESS	RT. 1, BOX 493
CITY- ST- ZIP	YOUNGSTOWN FL
TITLE	VD
NAME	LUCAS, J. DOUGLAS
STREET ADDRESS	3006 N. DOVER RD.
CITY- ST- ZIP	DOVER FL 33527
TITLE	PD
NAME	SCHOOLCRAFT, J. RONALD S
STREET ADDRESS	1438 MANDARIN POINT LANE
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	VD
NAME	GILLETTE MABEL H.
STREET ADDRESS	6006 HELSTON DRIVE
CITY- ST- ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOTSON, KENNETH
2.3 STREET ADDRESS	RT. 9, BOX 90
2.4 CITY- ST- ZIP	LIVE OAK, FL 32060
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: J. Ronald Schoolcraft 3-8-95 904/262-6258
DATE DAY MONTH YEAR