

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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 4303 DOWLING PARK FL 32060	ADVENT CHRISTIAN HOMES P. O. BOX 4303 DOWLING PARK FL 32060

3. Date Incorporated or Qualified 05/18/1979	3a. Date of Last Report 04/10/1995
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMAS, JOYCE K. 23123 98TH TERR. LIVE OAK FL 32060				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	CARTER, CRAIG	1.2 NAME	
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOWLING PARK FL 32060	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	DOTSON, KENNETH	2.2 NAME	
STREET ADDRESS	RT 9 BOX 90	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	RAY, ROY E.	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 493	3.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	LUCAS, J. DOUGLAS	4.2 NAME	
STREET ADDRESS	3006 N. DOVER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	SCHOOLCRAFT, J. RONALD S	5.2 NAME	
STREET ADDRESS	1438 MANDARIN POINT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	GILLETTE MABEL H.	6.2 NAME	
STREET ADDRESS	8008 HELSTON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	
		PD	
		CARTER, J. POMEROY	
		10229 CR 136	
		Live Oak, FL 32060	
		VD	
		LUPO, FRANKLIN	
		Rt, 2, Box 208	
		Glen St. Marb, FL 32040	

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 119.07(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: _____ DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)