

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747239 (2)**  
1. Corporation Name  
**SOUTH GEORGIA AND FLORIDA CONFERENCE OF ADVENT CHRISTIAN CHURCHES, INC.**



Principal Place of Business <b>ADVENT CHRISTIAN HOMES P. O. BOX 4303 DOWLING PARK FL 32060</b>	Mailing Address <b>ADVENT CHRISTIAN HOMES P. O. BOX 4303 DOWLING PARK FL 32060-1539</b>
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3. Date Incorporated or Qualified <b>05/18/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business Sulte, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Sulte, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number <b>59-1633381</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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**

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

**10. Name and Address of New Registered Agent**

**B1 Name**  
**B2 Street Address (P.O. Box Number is Not Acceptable)**  
**B3**  
**B4 City** **FL** **B5 Zip Code**

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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CARTER, CRAIG</b>
STREET ADDRESS	<b>ADVENT CHRISTIAN VILLAGE</b>
CITY-ST-ZIP	<b>DOWLING PARK FL 32060</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DOTSON, KENNETH</b>
STREET ADDRESS	<b>RT 9 BOX 90</b>
CITY-ST-ZIP	<b>LIVE OAK FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>RAY, ROY E.</b>
STREET ADDRESS	<b>RT. 1, BOX 493</b>
CITY-ST-ZIP	<b>YOUNGSTOWN FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>LUCAS, J. DOUGLAS</b>
STREET ADDRESS	<b>3006 N. DOVER RD.</b>
CITY-ST-ZIP	<b>DOVER FL 33527</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>CARTER, J. POMEROY</b>
STREET ADDRESS	<b>10229 CR 136</b>
CITY-ST-ZIP	<b>LIVE OAK FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LUPO, FRANKLIN</b>
STREET ADDRESS	<b>RT 2 BOX 208</b>
CITY-ST-ZIP	<b>GLEN ST MARH FL</b>

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	<b>VD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>THOMAS AMERSON</b>
2.3 STREET ADDRESS	<b>RT 9, BOX 780</b>
2.4 CITY-ST-ZIP	<b>LAKE CITY, FL 32060</b>
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	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>LEE N. WELKLEY</b>
6.3 STREET ADDRESS	<b>6246 S. MANEY DR</b>
6.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32216</b>

14. I do 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.

CR2E037 (9/96)