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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 ADVENT CHRISTIAN HOMES P. O. BOX 4303 DOWLING PARK FL 32080	Mailing Address ADVENT CHRISTIAN HOMES P. O. BOX 4303 DOWLING PARK FL 32080
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3. Date Incorporated or Qualified 05/18/1979
4. FEI Number 59-1633381
Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 32064	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 32064
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

THOMAS, JOYCE K.
23123 98TH TERR.
LIVE OAK FL 32080

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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	D	<input type="checkbox"/> DELETE
NAME	CARTER, CRAIG	
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE	
CITY-ST-ZIP	DOWLING PARK FL 32080	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AMERSON, THOMAS	
STREET ADDRESS	RT 9 BOX 780	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAY, ROY E.	
STREET ADDRESS	RT. 1, BOX 493	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUCAS, J. DOUGLAS	
STREET ADDRESS	3006 N. DOVER RD.	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARTER, J. POMEROY	
STREET ADDRESS	10229 CR 136	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELKEY, LEE N	
STREET ADDRESS	6246 S MANEY DR	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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.

SIGNATURE: _____ **SIGNATURE REQUIRED** **MAR 28, 1998** **984-658-3111**

CR2E037 (10/97)