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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747239

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 32064
 US

Mailing Address

ADVENT CHRISTIAN HOMES
 P. O. BOX 4303
 DOWLING PARK FL 32064
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

3. Date Incorporated or Qualified

05/18/1979

4. FEI Number

59-1633381

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 Putnam, Laura A.

82 Street Address (P.O. Box Number is Not Acceptable)
 10275 227th Lane

83 Live Oak

84 City

FL 85 Zip Code 32060

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 Laura A. Putnam

DATE 4-12-99

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

12. OFFICERS AND DIRECTORS DELETE

TITLE D DELETE
 NAME CARTER, CRAIG
 STREET ADDRESS ADVENT CHRISTIAN VILLAGE
 CITY-ST-ZIP DOWLING PARK FL 32060

TITLE VD DELETE
 NAME AMERSON, THOMAS
 STREET ADDRESS RT 9 BOX 780
 CITY-ST-ZIP LIVE OAK FL

TITLE VD DELETE
 NAME RAY, ROY E.
 STREET ADDRESS RT. 1, BOX 493
 CITY-ST-ZIP YOUNGSTOWN FL

TITLE VD DELETE
 NAME LUCAS, J. DOUGLAS
 STREET ADDRESS 3006 N. DOVER RD.
 CITY-ST-ZIP DOVER FL 33527

TITLE PD DELETE
 NAME CARTER, J. POMEROY
 STREET ADDRESS 10229 CR 136
 CITY-ST-ZIP LIVE OAK FL

TITLE VD 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 Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME VD
 6.3 STREET ADDRESS Carver, Wesley T.
3870 Stratton Ln.
Jacksonville Fla. 32221
 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, with all other like empowered.

SIGNATURE: Laura A. Putnam SIGNATURE REQUIRED

DATE April 12, 1999

Daytime Phone # 904-658-3156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)

0000946