

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90057 008 ****61.25

DOCUMENT # 747239					
1. Entity Name 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1633381	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PUTNAM, LAURA A 10275 227TH LANE LIVE OAK, FL 32060			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME CARTER, CRAIG STREET ADDRESS ADVENT CHRISTIAN VILLAGE CITY-ST-ZIP DOWLING PARK, FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME NELSON, MILES STREET ADDRESS 8905 RICARDO LANE CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME LUCAS, DOUGLAS J STREET ADDRESS 3006 N DOVER RD CITY-ST-ZIP DOVER, FL 33527	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BUCHANAN, DAVID STREET ADDRESS 812 E. PINE FOREST DR. CITY-ST-ZIP LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME CARTER, J. POMEROY STREET ADDRESS 10229 CR 136 CITY-ST-ZIP LIVE OAK, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME WOTTON, LUREE STREET ADDRESS 22773 98TH TERRACE CITY-ST-ZIP LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Sec. Angie G. Gillo 22982 98th Ter. Live Oak, FL 32060					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>J. Pomerooy Carter, President</i>					

Date: <i>3-15-05</i> Daytime Phone #:					