


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90281 001 ****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
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1633381	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PUTNAM, LAURA A
10275 227TH LANE
LIVE OAK, FL 32060**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D	CARTER, CRAIG
NAME	ADVENT CHRISTIAN VILLAGE
STREET ADDRESS	DOWLING PARK, FL 32060
CITY-ST-ZIP	
TITLE VD	NELSON, MILES
NAME	8905 RICARDO LANE
STREET ADDRESS	JACKSONVILLE, FL 32216
CITY-ST-ZIP	
TITLE VD	LUCAS, DOUGLAS J
NAME	3006 N DOVER RD
STREET ADDRESS	DOVER, FL 33527
CITY-ST-ZIP	
TITLE VD	BUCHANAN, DAVID
NAME	812 E. PINE FOREST DR.
STREET ADDRESS	LYNN HAVEN, FL 32444
CITY-ST-ZIP	
TITLE PD	CARTER, J. POMEROY
NAME	10229 CR 136
STREET ADDRESS	LIVE OAK, FL
CITY-ST-ZIP	
TITLE S	GRILLE, ANGIE
NAME	22982 98TH TER
STREET ADDRESS	LIVE OAK, FL 32060
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/29/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #