


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90048 002 \*\*\*\*61.25

**DOCUMENT # 747239**

1. Entity Name  
**FLORIDA CONFERENCE OF ADVENT CHRISTIAN CHURCHES, INC.**



Principal Place of Business <b>ADVENT CHRISTIAN HOMES          P. O. BOX 4303          DOWLING PARK, FL 32064 US</b>	Mailing Address <b>ADVENT CHRISTIAN HOMES          P. O. BOX 4303          DOWLING PARK, FL 32064 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142008 Chg-NP CR2E037 (12/06)

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 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>PUTNAM, LAURA A          10275 227TH LANE          LIVE OAK, FL 32060</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTER, CRAIG		NAME	
STREET ADDRESS ADVENT CHRISTIAN VILLAGE		STREET ADDRESS	
CITY-ST-ZIP DOWLING PARK, FL 32060		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON, MILES		NAME	
STREET ADDRESS 8905 RICARDO LANE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32216		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUCAS, DOUGLAS J		NAME	
STREET ADDRESS 3006 N DOVER RD		STREET ADDRESS	
CITY-ST-ZIP DOVER, FL 33527		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUCHANAN, DAVID		NAME	
STREET ADDRESS 812 E. PINE FOREST DR.		STREET ADDRESS	
CITY-ST-ZIP LYNN HAVEN, FL 32444		CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTER, J. POMEROY		NAME	
STREET ADDRESS 10229 CR 136		STREET ADDRESS	
CITY-ST-ZIP LIVE OAK, FL		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRILLO, ANGIE		NAME	
STREET ADDRESS 22982 98TH TER		STREET ADDRESS	
CITY-ST-ZIP LIVE OAK, FL 32060		CITY-ST-ZIP	

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:** Angie Grillo *Angie Grillo, Secretary* 4-15-08 386-658-5550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
40072499  
# 747239

Attachment – Florida Conference of Advent Christian Churches, Inc.

10. Officers and Directors (continued)

V/D

R. Logan Mullis  
9091 Castle Rock Dr.  
Jacksonville, FL 32221