

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747239

FILED
May 11, 2009
Secretary of State

Entity Name: FLORIDA CONFERENCE OF ADVENT CHRISTIAN CHURCHES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1633381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARTER, CRAIG
Address: ADVENT CHRISTIAN VILLAGE
City-St-Zip: DOWLING PARK, FL 32060

Title: VD () Delete
Name: NELSON, MILES
Address: 455 SE CR 241
City-St-Zip: LULU, FL 32061

Title: VD () Delete
Name: LUCAS, DOUGLAS J
Address: 3006 N DOVER RD
City-St-Zip: DOVER, FL 33527

Title: VD () Delete
Name: BUCHANAN, DAVID
Address: 812 E. PINE FOREST DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: PD () Delete
Name: WILLIS, JONES J
Address: 22947 102ND TRACE
City-St-Zip: LIVE OAK, FL 32060

Title: S () Delete
Name: GRILLO, ANGIE
Address: 22932 98TH TER.
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PATRICK, FRANK
Address: .20509 NW SR 73
City-St-Zip: CLARKSVILLE, FL 32430

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA A. PUTNAM

Electronic Signature of Signing Officer or Director

R.A.

05/11/2009

Date