

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 755901 (6)

1. Corporation Name

SOUTHEASTERN CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS, INCORPORATED



Principal Place of Business: 180 WESTMONTE DR. (32714) P.O. BOX 160067 ALTAMONTE SPRINGS FL 32716-7067  
Mailing Address: 180 WESTMONTE DR. (32714) P.O. BOX 160067 ALTAMONTE SPRINGS FL 32716-7067

3. Date Incorporated or Qualified: 01/15/1981  
3a. Date of Last Report: 02/09/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	<input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BROWN, ROY R.  
180 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS FL 32714

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, CLAUDE L.	1.2 NAME	DAVIS, Herman L., Sr.
STREET ADDRESS	180 N. WESTMONTE DRIVE	1.3 STREET ADDRESS	180 N. Westmonte Drive
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	WALKER, Donald A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL, O.H.	2.2 NAME	180 N. Westmonte Drive
STREET ADDRESS	180 WESTMONTE DRIVE	2.3 STREET ADDRESS	Altamonte Springs, FL 32714
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, I.L.	3.2 NAME	
STREET ADDRESS	180 WESTMONTE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	3.4 CITY-ST-ZIP	
TITLE	SC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, W.L.	4.2 NAME	
STREET ADDRESS	180 WESTMONTE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	TC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, R	5.2 NAME	
STREET ADDRESS	180 WESTMONTE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, S J	6.2 NAME	
STREET ADDRESS	180 WESTMONTE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: W. L. Taylor Secretary Date: 1/22/96 (407) 869-5264 Daytime Phone #

CR2E037 (12/95)