

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
180 WESTMONTE DR. (32714) 180 WESTMONTE DR. (32714)  
P.O. BOX 160067 P.O. BOX 160067  
ALTAMONTE SPRINGS FL 32716-7067 ALTAMONTE SPRINGS FL 32716-0067

3. Date Incorporated or Qualified 01/15/1981 3a. Date of Last Report 01/29/1996  
4. FEI Number NOT APPLICABLE Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
BROWN, ROY R.  
180 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent  
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE D  DELETE  
NAME MATTHEWS, CLAUDE L.  
STREET ADDRESS 180 N. WESTMONTE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL  
TITLE D  DELETE  
NAME PAUL, O.H.  
STREET ADDRESS 180 WESTMONTE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL  
TITLE D  DELETE  
NAME HARRELL, I.L.  
STREET ADDRESS 180 WESTMONTE DRIVE  
CITY-ST-ZIP ALTAMONTE SPGS FL  
TITLE SC  DELETE  
NAME TAYLOR, W.L.  
STREET ADDRESS 180 WESTMONTE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL  
TITLE TC  DELETE  
NAME PATTERSON, R  
STREET ADDRESS 180 WESTMONTE DR  
CITY-ST-ZIP ALTAMONTE SPGS FL  
TITLE D  DELETE  
NAME JACKSON, S J  
STREET ADDRESS 180 WESTMONTE DR  
CITY-ST-ZIP ALTAMONTE SPGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 [Signature] Director 4/30/97 (407) 869-5264

CR2E037 (9/96)