

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

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755901 (6)**

1. Corporation Name  
**SOUTHEASTERN CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS, INCORPORATED**



Principal Place of Business <b>180 WESTMONTE DR. (32714) P.O. BOX 160067 ALTAMONTE SPRINGS FL 32716-7067</b>	Mailing Address <b>180 WESTMONTE DR. (32714) P.O. BOX 160067 ALTAMONTE SPRINGS FL 32716-7067</b>
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3. Date Incorporated or Qualified <b>01/15/1981</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>Nonprofit</b> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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

**FL**

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  **R.R. Brown, President** **3/6/98**  
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	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MATTHEWS, CLAUDE L.</b>
STREET ADDRESS	<b>180 N. WESTMONTE DRIVE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PAUL, O.H.</b>
STREET ADDRESS	<b>180 WESTMONTE DRIVE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HARRELL, I.L.</b>
STREET ADDRESS	<b>180 WESTMONTE DRIVE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>
TITLE	<b>SC</b> <input type="checkbox"/> DELETE
NAME	<b>TAYLOR, W.L.</b>
STREET ADDRESS	<b>180 WESTMONTE DRIVE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>TC</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PATTERSON, R</b>
STREET ADDRESS	<b>180 WESTMONTE DR</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JACKSON, S J</b>
STREET ADDRESS	<b>180 WESTMONTE DR</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Parham, Roy C.</b>
1.3 STREET ADDRESS	<b>180 N. Westmonte Drive</b>
1.4 CITY-ST-ZIP	<b>Altamonte Springs, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>200002470222</b>
2.3 STREET ADDRESS	<b>-03/27/98--01013--014</b>
2.4 CITY-ST-ZIP	<b>***61.25</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>3/26</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>200002470222</b>
4.4 CITY-ST-ZIP	<b>-03/27/98--01013--015</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TC ***8.75</b>
5.3 STREET ADDRESS	<b>Johnson, Larry E.</b>
5.4 CITY-ST-ZIP	<b>180 N. Westmonte Drive N. Altamonte Springs, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Byrd, W.C.</b>
6.3 STREET ADDRESS	<b>180 N. Westmonte Drive</b>
6.4 CITY-ST-ZIP	<b>Altamonte Springs, FL</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

CR2E037 (10/97)