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Apr 13, 1999 8:00 am
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04-13-1999 90011 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755901

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/15/1981

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

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 **W.L. Taylor**
 82 Street Address (P.O. Box Number is Not Acceptable)
180 N. Westmonte Drive
 83
 84 City **Altamonte Springs** **FL** 85 Zip Code **32714**

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 **W.L. Taylor, President**

W.L. Taylor

4/6/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARHAM, ROY C	
STREET ADDRESS	180 N. WESTMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, O.H.	
STREET ADDRESS	180 WESTMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRELL, I.L.	
STREET ADDRESS	180 WESTMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	SC	<input type="checkbox"/> DELETE
NAME	TAYLOR, W.L.	
STREET ADDRESS	180 WESTMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TC	<input type="checkbox"/> DELETE
NAME	JOHNSON, LARRY E	
STREET ADDRESS	180 WESTMONTE DR. N.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716-7067	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRD, W.C.	
STREET ADDRESS	180 WESTMONTE DR. N.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716-7067	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cleveland A. Holness	
1.3 STREET ADDRESS	180 N. Westmonte Drive	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
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		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *W.L. Taylor* **SIGNATURE REQUIRED** Taylor, President

4/6/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)