2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755901

FILED Jan 30, 2004 Secretary of State

Entity Name: SOUTHEASTERN CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1701 ROBIE AVENUE MT. DORA, FL 327576339 **Current Mailing Address: New Mailing Address:** 1701 ROBIE AVENUE (32757-6339)P.O. BOX 1016 MT. DORA, FL 32756 FEI Number: 59-2066139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAYLOR, W L 1701 ROBIE AVENUE MT. DORA, FL 32757 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOLNESS, CLEVELAND A Name: Name: 1701 ROBIE AVENUE Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BONNER, BARRY Name: Address: 10855 NW 1ST STREET #201 Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: Title: () Delete Title: () Change () Addition CORRODUS, RHONDA Name: Name: 7840 SABLE LAKE DRIVE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip: Title: PC () Delete Title: () Change () Addition Name: TAYLOR, W.L Name: 1701 ROBIE AVENUE Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: () Delete Title: () Change () Addition REED, STANTON G Name: Name: 1701 ROBIE AVENUE Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: () Delete Title: () Change () Addition YOUNG, THEUS Name: Name: Address: 7110 CUMBERLAND PLACE Address: TAMPA, FL 33617 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLEVELAND A. HOLNESS S 01/30/2004