

**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 # 765265 (4)  
1. Corporation Name

SEVENTH DAY CHURCH OF GOD OF FLORIDA, INC.



Principal Place of Business: C/O PEARLINE WHITE, 19823 MIDWAY BLVD., PORT CHARLOTTE FL 33948  
Mailing Address: 4655 MYLA LANE, WEST PALM BEACH FL 33417, US

3. Date Incorporated or Qualified: 10/04/1982  
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business: 21 ALAM AVE, 22 8740, 23 NORTH PORT Florida, 24 34287, 25 U.S.A.  
2a. Mailing Address: 26 MYLA LANE, 27 4655, 28 West Palm Beach Fla, 29 33417, 30 U.S.A.

4. FEI Number: 65-0041062  
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

9. Name and Address of Current Registered Agent: BROWN, BRUKIE, 1909 HAVERHILL RD, #7, WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDM	1.1 TITLE	
NAME	BROWN, BRUKIE	1.2 NAME	
STREET ADDRESS	1909 HAVER HILL APT 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	THOMPSON, ROHAN	2.2 NAME	
STREET ADDRESS	4531 LULLABY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	GS
NAME	ATKINS, LILLY BELLE	3.2 NAME	ROSSALIE BURKE
STREET ADDRESS	8740 N.W. ALAM AVE. <i>change to →</i>	3.3 STREET ADDRESS	4655 MYLA LANE
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	TD	4.1 TITLE	
NAME	ATKINS, LILLY BELLE	4.2 NAME	
STREET ADDRESS	8740 NW ALAM AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	
TITLE	DAS	5.1 TITLE	
NAME	SCOTT, SHARON	5.2 NAME	
STREET ADDRESS	2520 NW 39TH WAY #1B	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	5.4 CITY-ST-ZIP	
TITLE	DAT	6.1 TITLE	
NAME	THOMPSON, VELMA	6.2 NAME	
STREET ADDRESS	4531 LULLABY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT 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: BRUKIE BROWN Date: 2-20-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)