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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

809772 DOCUMENT #

GENERAL CONFERENCE CORPORATION OF SEVENTH-DAY AD **VENTISTS**

Principal Place of Business Mailing Address P O BOX 140760 SEVENTH-DAY ADVENTISTS 760 PONCE DE LEON BOULEVARD MIAMI FL 33114-0760 US CORAL GABLES FL 33134 3a. Date of Last Report 3. Date Incorporated or Qualified 04/21/1954 03/03/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-6001176 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired K 27 Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box 28 Trust Fund Contribution Added to Fees 23 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RAMON H. MAURY Street Address (P.O. Box Number is Not Acceptable) 82 12302 S.W. 104TH LANE 83 MIAM! FL 33186 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Change Addition DELETE 1.1 TITLE TITLE LEITO, ISRAEL J 1.2 NAME **CR2E037** NAME 15977 SW 110 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 2.1 TITLE TOTALE MAURY, RAMON H. 2.2 NAME NAME 12302 S.W. 104TH LANE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2 4 CITY - ST - ZIP CITY ST-ZIP Addition DELETE ☐ Change 31 THILE TITLE GALICIA. AGUSTIN 32 NAME NAME 5428 SW 152 PLACE CIRCLE 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHTY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP CITY - ST - ZIP

SIGNATURE:

RAMON H MAURY

appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

1-22-96

(305) 443-7471