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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 809772 (7)

GENERAL CONFERENCE CORPORATION OF SEVENTH-DAY ADVENTISTS



Principal Place of Business: SEVENTH-DAY ADVENTISTS, 760 PONCE DE LEON BOULEVARD, CORAL GABLES FL 33134  
Mailing Address: P O BOX 140760, MIAMI FL 33114-0760, US

3. Date Incorporated or Qualified: 04/21/1954  
3a. Date of Last Report: 01/29/1996  
4. FEI Number: 59-6001176  
5. Certificate of Status Desired: [X] \$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 [X] No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) details including Suite, Apt #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMON H. MAURY  
12302 S.W. 104TH LANE  
MIAMI FL 33186

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for PD LEITO, ISRAEL J; TD MAURY, RAMON H.; SD GALICIA, AGUSTIN.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

14. I do 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.

SIGNATURE: [Signature] Ramon H. Maury  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-96 Date (305) 443-7471 Daytime Phone # 0026174

CR2E037 (9/96)