## **ANNUAL REPORT**

## 2006 NOT-FOR-PROFIT CORPORATION **DOCUMENT #809772** 1. Entity Name

GENERAL CONFERENCE CORPORATION OF



Principal Place of Business 8100 SW 117TH AVENUE MIAMI, FL 33183-4827

SEVENTH-DAY ADVENTISTS

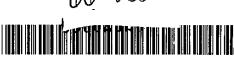
Mailing Address P 0 BOX 830518 MIAMI, FL 33283-0518 L

US	
	02

**FILED** Feb 23, 2006 8:00 am Secretary of State

02-23-2006 90200 001 \*\*\*210.00

66002320



									M MMH		
2. Principal P	lace of Business	3. Mai	ing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					02082006	Chg-NP	CR2E	E037 (11/05)			
City & State City &		y & State	& State			4. FEI Number 59-6001			<b>⊢</b>	oplied For ot Applicable	
Zip	Country	Zip		Countr	гу		5. Certificate of	of Status Desired	<b>¬</b>	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent							7. Name and	Address of Nev	v Registere	d Agent	
VERDUZCO, FILIBERTO			-  -	Name							
716 BOABADILLA ST.			<del>   </del>	Street Address (P.O. Box Number is Not Acceptable)							
CORAL GABLES, FL 33134			-	,							
					City		=		F	Zip Cod	e
8 The above	named entity submits this statement for	or the num	ose of changing its r	enistered	office or rec	aistara	od agent, or both	in the State of	-	_	and accord
the obligat	ions of registered agent.	n the purp	ose or onlinging his re	cgistered	onice or reg	gistore	a agent, or bott	i, in the State Of	rionua. Ta	urriamma willi,	and accept
SIGNATURE .											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Filing Fee is \$61.25  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be			eck payable to				
	Due by May 1, 2006				·		Added to Fees				*
10.	OFFICERS AND DI	RECTORS		11.		PD AI	DDITIONS/CHA	NGES TO OFFI	CERS AND		
TITLE NAME	LEITO, ISRAEL J		☐ Delete	TITLE NAME	'	_	EL LEITO			☐ Change	☐ Addition
STREET ADDRESS	7460 SW 107 AVENUE, SPT. 32	04		STREET A			SW 117 PA	ГН			
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST	-ZIP N	МАІМ	II, FLORIDA	33183		,	
TITLE	TD		☐ Delete	TITLE	S	SD				Change	Addition
NAME	VERDUZCO, FILIBERTO			NAME	I -		I O. PERLA				
STREET ADDRESS	716 BOABADILLA ST.			STREET A	0		SW 117 PAT				
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST	iv iv		II,FLORIDA (	33183			
TITLE NAME	SD PERŁA, JUAN		Delete	TITLE NAME	·	TD EU IB	BERTO M. VE			☑ Change	Addition
STREET ADDRESS	7400 SW 107TH AVE.			STREET A			SW.117.PA				
CITY-ST-ZIP	MIAMI, FL 33173		. = -~ .	CITY-ST			/II, FLORIDA				
TITLE			☐ Delete	TITLE			m, r Lorabia	00100		☐ Change	Addition
NAME				NAME							_
STREET ADDRESS				STREET A							
CITY-ST-ZIP				CITY-ST	-ZiP						
TITLE NAME			☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS				NAME STREET A	ADDRESS						
CITY-ST-ZIP				CITY-ST							
TITLE			☐ Delete	TITLE			-			☐ Change	☐ Addition
NAME				NAME							
STREET ADDRESS CITY-ST-ZIP				STREET A							
UIIT-31-21P				CITY-ST-	-417						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	1mm	H	7	2	1.	JUAN O. F
~ 7	SIGNATURE .	AND TYPED OR F	PRINTED	AME OF SI	GNING	OFFICER OR DIRECTOR

JUAN O. PERLA

02/08/2006

305-403-4700