



2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

02-23-2006 90200 001 ***210.00

DOCUMENT # 809772					
1. Entity Name GENERAL CONFERENCE CORPORATION OF SEVENTH-DAY ADVENTISTS					
*Principal Place of Business 8100 SW 117TH AVENUE MIAMI, FL 33183-4827			Mailing Address P O BOX 830518 MIAMI, FL 33283-0518 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6001176	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VERDUZCO, FILIBERTO 716 BOABADILLA ST. CORAL GABLES, FL 33134			Name _____		
			Street Address (P.O. Box Number is Not Acceptable) _____		
			City _____		
			FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITO, ISRAEL J		NAME	ISRAEL LEITO	
STREET ADDRESS	7460 SW 107 AVENUE, SPT. 3204		STREET ADDRESS	8101 SW 117 PATH	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI, FLORIDA 33183	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDUZCO, FILIBERTO		NAME	JUAN O. PERLA	
STREET ADDRESS	716 BOABADILLA ST.		STREET ADDRESS	8152 SW 117 PATH	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	MIAMI, FLORIDA 33183	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLA, JUAN		NAME	FILIBERTO M. VERDUZCO	
STREET ADDRESS	7400 SW 107TH AVE.		STREET ADDRESS	8151 SW 117 PATH	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI, FLORIDA 33183	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		JUAN O. PERLA		02/08/2006	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				305-403-4700	
				<small>Daytime Phone #</small>	

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