


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

04-04-2008 90014 045 ****70.00

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**

DO NOT WRITE IN THIS SPACE

66015425



03112008 No Chg-NP CR2E037 (4/08)

4. FEI Number
59-6001176 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VERDUZCO, FILIBERTO M
 8151 SW 117 PATH
 MIAMI, FL 33183**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEITO, ISRAEL J 8101 SW 117 PATH MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PERLA, JUAN O 8152 SW 117 PATH MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FILIBERTO, VERDUZCO M 8151 SW 117 PATH MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 authorized 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 or without other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR