


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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
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2. Principal Place of Business - No P.O. Box # 12501 Old Columbia Pike	3. Mailing Address 12501 Old Columbia Pike
Suite, Apt. #, etc. Office of General Counsel	Suite, Apt. #, etc. Office of General Counsel
City & State Silver Spring, Maryland	City & State Silver Spring, Maryland
Zip 20904	Country USA

FILED
08 AUG 18 AM 8:47
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



08052008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6001176 /52-6037545	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VERDUZCO, FILIBERTO M 8151 SW 117 PATH MIAMI, FL 33183	7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324
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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 *Mark Brinkman* **Mark Brinkman**
Vice President and Assistant Secretary **8/11/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEITO, ISRAEL J 8101 SW 117 PATH MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - Jan Paulsen 16130 Drayton Farm Drive Spencerville, MD 20866 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERLA, JUAN O 8152 SW 117 PATH MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD - Ted N.C. Wilson 31 Haviland Mill Road Brookeville, MD 20893 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FILIBERTO, VERDUZCO M 8151 SW 117 PATH MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD - Daisy F. Orion 13123 Bellevue Street Silver Spring, MD 20904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD - Robert Lemon 7491 Thompson Road Needmore, PA 17238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700134952327 08/26/08--01011--002 **61.25 <i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Lemon* **Robert Lemon** **August 13, 2008 (301) 680-6203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #