

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 812566 (8)

1. Corporation Name

SOUTHERN CALIFORNIA ASSOCIATION OF SEVENTH-DAY ADVENTISTS

Principal Place of Business

1535 E. CHEVY CHASE DR.
GLENDALE CA 91206-4107

Mailing Address

1535 E. CHEVY CHASE DR.
GLENDALE CA 91206-4107



3. Date Incorporated or Qualified
02/15/1958

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
95-1816071

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMILLAN, FRANK
616 E. ROLLINS ST.
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME SULLIVAN, DON K
STREET ADDRESS 24771 SAND WEDGE LANE
CITY-ST-ZIP VALENCIA CA ☐ DELETE

1.1 TITLE D ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 91355-2312

TITLE P
NAME CHRISTENSEN, BJ
STREET ADDRESS 2656 SLEEPY HOLLOW PLACE
CITY-ST-ZIP GLENDALE CA ☐ DELETE

2.1 TITLE D ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 91206-4722

TITLE VD
NAME PAYTEE, LORENZO
STREET ADDRESS 1714 NICHOLS CANYON RD.
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

3.1 TITLE D ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 90046-2124

TITLE VP
NAME WINSTON, EUNICE E
STREET ADDRESS 1430 LINDA ROSA AVE.
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

4.1 TITLE D ☒ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 90041-2309

TITLE S
NAME LA MADRID, KAREN J
STREET ADDRESS 336 N CHEVY CHASE DR., #6
CITY-ST-ZIP GLENDALE CA ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 1304 E. Stanley, #2
5.4 CITY-ST-ZIP Glendale, CA 91206-4638

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Eunice E. Winston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eunice E. Winston, Vice President

1-24-96

(818) 546-8420

Date:

Daytime Phone #

CR2E037 (12/95)