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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **812566** (8)

1. Corporation Name

**SOUTHERN CALIFORNIA ASSOCIATION OF SEVENTH-DAY A
DVENTISTS**

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 **03/07/1996**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **VD** ☐ DELETE

NAME **SULLIVAN, DON K**
STREET ADDRESS **24771 SAND WEDGE LANE**
CITY - ST - ZIP **VALENCIA CA 91355-2312**

TITLE **PD** ☐ DELETE

NAME **CHRISTENSEN, BJ**
STREET ADDRESS **2656 SLEEPY HOLLOW PLACE**
CITY - ST - ZIP **GLENDALE CA 91206-4722**

TITLE **VD** ☐ DELETE

NAME **PAYTEE, LORENZO**
STREET ADDRESS **1714 NICHOLS CANYON RD.**
CITY - ST - ZIP **LOS ANGELES CA 90048-2124**

TITLE **VP** ☐ DELETE

NAME **WINSTON, EUNICE E**
STREET ADDRESS **1430 LINDA ROSA AVE.**
CITY - ST - ZIP **LOS ANGELES CA 90041-2309**

TITLE **S** ☐ DELETE

NAME **LA MADRID, KAREN J**
STREET ADDRESS **1304 E. STANLEY, #2**
CITY - ST - ZIP **GLENDALE CA 91206-4638**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, Vice President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97 (818) 546-8420

Date Daytime Phone # 0076375

CR2E037 (9/96)