FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 848201 (0)

1. Corporation Name

GULF STATES CONFERENCE ASSOCIATION OF SEVENTH-DA Y ADVENTISTS, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6450 ATLANTA HIGHWAY P.O. BOX 240249 MONTGOMERY AL 36124-0249	6450 ATLANTA HIGHWAY P.O. BOX 240249 MONTGOMERY AL 36124-0249

3. Date Incorporated or Qualified: 02/06/1981
3a. Date of Last Report: 02/18/1994
4. FEI Number: 64-6001060 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MCMILLAN, MR. FRANK
655 N. WYMORE ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEK, J O	1.2 NAME	
STREET ADDRESS	2117 SEMMES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36106	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	EISELE, MELVIN K.	2.2 NAME	
STREET ADDRESS	40 KENNEDY LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOSADA AL 36020	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CARMICHAEL, TERRI	3.2 NAME	
STREET ADDRESS	316 ALEXANDER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	HAY, BILL	4.2 NAME	
STREET ADDRESS	651 HILLSBORO ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36109	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, GERALD	5.2 NAME	
STREET ADDRESS	157 STAR MOUNTAIN	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORENCE MS 39073	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ECKENROTH, D A	6.2 NAME	
STREET ADDRESS	P.O. BOX 09 (N/A)	6.3 STREET ADDRESS	
CITY-ST-ZIP	BILLINGSLEY AL 36006	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)(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: Bill Hay Bill Hay, Secretary 1/17/95 (334)272-7493
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #

074815