

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 848201 (0)

1. Corporation Name

GULF STATES CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS, INCORPORATED

Principal Place of Business

**6450 ATLANTA HIGHWAY
P.O. BOX 240249
MONTGOMERY AL 36124-0249**

Mailing Address

**6450 ATLANTA HIGHWAY
P.O. BOX 240249
MONTGOMERY AL 36124-0249**



3. Date Incorporated or Qualified
02/06/1981

3a. Date of Last Report
01/25/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME **P GREEK, J O**
STREET ADDRESS **2117 SEMMES DR**
CITY-ST-ZIP **MONTGOMERY AL 36106**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME **T EISELE, MELVIN K.**
STREET ADDRESS **40 KENNEDY LN.**
CITY-ST-ZIP **COOSADA AL 36020**

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☒ DELETE

31 TITLE ☐ Change ☒ Addition

NAME **D CARMICHAEL, TERRI**
STREET ADDRESS **316 ALEXANDER DR.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☒ Change ☐ Addition

NAME **S HAY, BILL**
STREET ADDRESS **651 HILLSBORO ROAD**
CITY-ST-ZIP **MONTGOMERY AL 36109**

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME **D MARTIN, GERALD**
STREET ADDRESS **157 STAR MOUNTAIN**
CITY-ST-ZIP **FLORENCE MS 39073**

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME **D ECKENROTH, D A**
STREET ADDRESS **P.O. BOX 89 (N/A)**
CITY-ST-ZIP **BILLINGSLEY AL 36006**

62 NAME
63 STREET ADDRESS
64 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:

Bill Hay, Secretary

1/29/96

(334) 272-7493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)