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Apr 23 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 # **848201** (0)

1. Corporation Name

GULF STATES CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS, INCORPORATED

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 **02/07/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 64-6001060	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24. Country	29. Country		

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

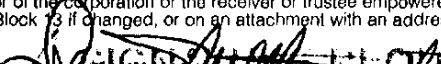
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	T ☐ Change ☒ Addition
NAME	GREEK, J O	1.2 NAME	MILLBURN, DENNIS S.
STREET ADDRESS	2117 SEMMES DR	1.3 STREET ADDRESS	2117 SEMMES DR
CITY-ST-ZIP	MONTGOMERY AL 36106	1.4 CITY-ST-ZIP	MONTGOMERY AL 36106
TITLE	T ☐ DELETE	2.1 TITLE	P ☒ Change ☐ Addition
NAME	EISELE, MELVIN K.	2.2 NAME	EISELE, MELVIN K.
STREET ADDRESS	40 KENNEDY LN.	2.3 STREET ADDRESS	40 KENNEDY LN.
CITY-ST-ZIP	COOSADA AL 36020	2.4 CITY-ST-ZIP	COOSADA AL 36020
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DICKEY, TRISH	3.2 NAME	
STREET ADDRESS	RT 5 702 S MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WATER VALLEY MS	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAY, BILL	4.2 NAME	
STREET ADDRESS	23 FACULTY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUMBERTON MS	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	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 ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ECKENROTH, D A	6.2 NAME	
STREET ADDRESS	P.O. BOX 89 (N/A)	6.3 STREET ADDRESS	
CITY-ST-ZIP	BILLINGSLEY AL 36008	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  **DENNIS MILLBURN**

CR2E037 (9/96)