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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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-DA Y 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

4. FEI Number: 64-6001060 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

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

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 _____ 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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLBURN, DENNIS S		1.2 NAME		
STREET ADDRESS	2117 SEMMES DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	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		2.4 CITY-ST-ZIP		
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	S	☐ Change ☒ Addition
NAME	HAY, BILL		4.2 NAME	Evan Valencia	
STREET ADDRESS	23 FACULTY LANE		4.3 STREET ADDRESS	1878 E. Nine Mile Road #1108	
CITY-ST-ZIP	LUMBERTON MS		4.4 CITY-ST-ZIP	Pensacola FL 32514	
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	D	☐ Change ☒ Addition
NAME	ECKENROTH, D A		6.2 NAME	Robin Roberts	
STREET ADDRESS	P.O. BOX 89 (N/A)		6.3 STREET ADDRESS	7011 Charleston Oaks Drive N.	
CITY-ST-ZIP	BILLINGSLEY AL 36006		6.4 CITY-ST-ZIP	mobile AL 36695	

CR2E037 (10/97)

14. I 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 Pres. 5-5-98 334-514-4474