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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **848201**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/06/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 64-6001060 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLBURN, DENNIS S 2117 SEMMES DR MONTGOMERY AL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition	5721 Jackson Road Wetumpka, AL 36093
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EISELE, MELVIN K. 40 KENNEDY LN. COOSADA AL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DICKEY, TRISH RT 5 702 S MAIN STREET WATER VALLEY MS	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VALENCIA, EVAN 1878 E NINE MILE RD, #1108 PENSACOLA FL 32514	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition	2600 Vaughn Blvd., Apt 418 Montgomery, AL 36117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, GERALD 157 STAR MOUNTAIN FLORENCE MS 39073	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, ROBIN 7011 CHARLSETON OAKS DR N MOBILE AL 36695	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-15-99 334-272-7493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #