

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-22-2002 90092 021 ****61.25

DOCUMENT # 848201

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-6001060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **MILLBURN, DENNIS S**
STREET ADDRESS **5721 JACKSON RD**
CITY-ST-ZIP **WETUMPKA AL 36093**

TITLE ☐ Change ☒ Addition
NAME **HUTCHINSON, RICK**
STREET ADDRESS **405 YOUNG STREET**
CITY-ST-ZIP **BUTLER, AL 36904**

TITLE ☐ Delete
NAME **EISELE, MELVIN K.**
STREET ADDRESS **40 KENNEDY LN.**
CITY-ST-ZIP **COOSADA AL**

TITLE ☒ Change ☐ Addition
NAME **EISELE, MELVIN K.**
STREET ADDRESS **3363 MARLER ROAD**
CITY-ST-ZIP **PIKE ROAD, AL 36064**

TITLE ☒ Delete
NAME **DICKEY, TRISH**
STREET ADDRESS **RT 5 702 S MAIN STREET**
CITY-ST-ZIP **WATER VALLEY MS**

TITLE ☐ Change ☒ Addition
NAME **KING, ED**
STREET ADDRESS **257 COUNTY ROAD 521**
CITY-ST-ZIP **HANCEVILLE, AL 35077**

TITLE ☐ Delete
NAME **RIMER, FRED**
STREET ADDRESS **185 CHUBBEHATCHEE CIR**
CITY-ST-ZIP **WETUMPKA AL 36093**

TITLE ☐ Change ☒ Addition
NAME **PITMAN, TUI**
STREET ADDRESS **443 NEW BINGHAM DRIVE**
CITY-ST-ZIP **WETUMPKA, AL 36093**

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

TITLE ☐ Change ☒ Addition
NAME **MAPP, BERNELL**
STREET ADDRESS **7030 TIPTON AVENUE**
CITY-ST-ZIP **MONTGOMERY, AL 36116**

TITLE ☒ Delete
NAME **ROBERTS, ROBIN**
STREET ADDRESS **7011 CHARLSETON OAKS DR N**
CITY-ST-ZIP **MOBILE AL 36695**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DENNIS MILLBURN
TREAS

Date

Daytime Phone #

4-25-02 334-272-7493

CR2E037 (9/01)