2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

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

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04272008 No Chg-NP CR2E037 (4/06)

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

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	PEOPLES, TROY
STREET ADDRESS	133 CHUBBEHATCHEE CIR
CITY-ST-ZIP	WETUMPKA, AL 36093
TITLE	P
NAME	EISELE, MELVIN K.
STREET ADDRESS	3363 MARLER RD
CITY-ST-ZIP	PIKE ROAD, AL 36064
TITLE	D
NAME	KING, ED
STREET ADDRESS	257 COUNTY RD 521
CITY-ST-ZIP	HANCEVILLE, AL 35077
TITLE	S
NAME	LOUIS, LESLIE
STREET ADDRESS	2595 MITCHELL CREEK RD
CITY-ST-ZIP	WETUMPKA, AL 36093
TITLE	D
NAME	PITMAN, TUI
STREET ADDRESS	443 NEW BINGHAM DR
CITY-ST-ZIP	WETUMPKA, AL 36093
TITLE	D
NAME	MAPP, BERNELL
STREET ADDRESS	7030 TIFTON AVE
CITY-ST-ZIP	MONTGOMERY, AL 36116

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05/22/08-80035-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Troy Peoples 4/27/08 3342727493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #