2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# 848201

Entity Name: GULF STATES CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS, INCORPORATED

Current Principal Place of Business:

6450 ATLANTA HIGHWAY
P.O. BOX 240249
MONTGOMERY, AL 361240249

New Principal Place of Business:

6450 ATLANTA HIGHWAY
MONTGOMERY, AL 36117

Current Mailing Address:

6450 ATLANTA HIGHWAY
P.O. BOX 240249
MONTGOMERY, AL 361240249

New Mailing Address:

P O BOX 240249
MONTGOMERY, AL 361240249

FEI Number: 64-6001060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	PEOPLES, TROY	
Address:	133 CHUBBEHATCHEE CIR	
City-St-Zip:	WETUMPKA, AL 36093	
Title:	P	( ) Delete
Name:	EISELE, MELVIN K.	
Address:	3363 MARLER RD	
City-St-Zip:	PIKE ROAD, AL 36064	
Title:	D	( ) Delete
Name:	KING, ED	
Address:	257 COUNTY RD 521	
City-St-Zip:	HANCEVILLE, AL 35077	
Title:	S	( ) Delete
Name:	LOUIS, LESLIE	
Address:	2595 MITCHELL CREEK RD	
City-St-Zip:	WETUMPKA, AL 36093	
Title:	D	( ) Delete
Name:	PITMAN, TUI	
Address:	443 NEW BINGHAM DR	
City-St-Zip:	WETUMPKA, AL 36093	
Title:	D	( ) Delete
Name:	MAPP, BERNELL	
Address:	7030 TIFTON AVE	
City-St-Zip:	MONTGOMERY, AL 36116	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	EISELE, MELVIN K	
Address:	3363 MARLER RD	
City-St-Zip:	PIKE ROAD, AL 36064	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY PEOPLES T 04/10/2009

Electronic Signature of Signing Officer or Director — Date