## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 848201**

1. Entity Name

## GULF STATES CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS, INCORPORATED



03-19-2003 90126 011 \*\*\*\*61.25

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**FILED** 

Mar 19, 2003 8:00 am § Secretary of State

Principal Place of Business

6450 ATLANTA HIGHWAY P.O. BOX 240249

MONTGOMERY AL 36124-0249

Mailing Address

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. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 64-6001060 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCMILLAN, MR. FRANK Street Address (P.O. Box Number is Not Acceptable) 655 N. WYMORE ROAD WINTER PARK FL 32789 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE · Delete TITLE ☐ Change Addition MILLBURN, DENNIS S NAME NAME STREET ADDRESS 5721 JACKSON RD STREET ADDRESS CITY-ST-ZIP WETUMPKA AL 36093 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME EISELE, MELVIN K. NAME STREET ADDRESS 3363 MARLER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PIKE ROAD AL 36064 TITLE ☐ Delete TITLE Change Addition NAME KING, ED NAME STREET ADDRESS 257 COUNTY RD 521 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HANCEVILLE AL 35077 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RIMER, FRED NAME STREET ADDRESS STREET ADDRESS 185 CHUBBEHATCHEE CIR

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TREAS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

WETUMPKA AL 36093

443 NEW BINGHAM DR

MONTGOMERY AL 36116

WETUMPKA AL 36093

MAPP, BERNELL

7030 TIFTON AVE

PITMAN, TUI

D

2-28-03 334-272-7493

☐ Change

☐ Change

☐ Addition

☐ Addition