

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003951

1. Entity Name

SEVENTH DAY ADVENTIST BROADCASTING CORPORATION

Principal Place of Business

2110 NE ARCH ST
JENSEN BCH FL 34958

Mailing Address

P.O. BOX #249
JENSEN BCH FL 34958

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RAYBURN, SAM
957 SW IDOL AVE
PORT ST LUCIE FL 34953

4. FEI Number

33-1018196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	DPC	<input type="checkbox"/> Delete
NAME	PEDZISIATR, EDWARD	
STREET ADDRESS	1861 NE ACAPULCO DR	
CITY-ST-ZIP	JENSEN BCH FL 34957	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	SHERTZER, MARION	
STREET ADDRESS	5640 SE MILES GRANT RD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	GD	<input type="checkbox"/> Delete
NAME	RAYBURN, SAM	
STREET ADDRESS	957 SW IDOL AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Edward Pedziwiatr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 25, 2002 8:00 am
Secretary of State

05-08-2002 90014 048 ****61.25

42125



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)