

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003951

FILED  
Feb 10, 2005  
Secretary of State

**Entity Name:** SEVENTH DAY ADVENTIST BROADCASTING CORPORATION

**Current Principal Place of Business:**

1470 HUFFMAN RD.  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX #7488  
PORT SAINT LUCIE, FL 34985 US

**New Mailing Address:**

**FEI Number:** 33-1018196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAYBURN, SAM  
957 SW IDOL AVE  
PORT ST LUCIE, FL 34953 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: DPC ( ) Delete  
Name: PEDZISIATR, EDWARD  
Address: 1861 NE ACAPULCO DR  
City-St-Zip: JENSEN BCH, FL 34957

Title: DVC ( ) Delete  
Name: SHERTZER, MARION  
Address: 5640 SE MILES GRANT RD  
City-St-Zip: STUART, FL 34997

Title: GD ( ) Delete  
Name: RAYBURN, SAM  
Address: 957 SW IDOL AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPC (X) Change ( ) Addition  
Name: PEDZIWATR, EDWARD  
Address: 1861 NE ACAPULCO DR  
City-St-Zip: JENSEN BCH, FL 34957

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 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 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: EDWARD PEDZIWATR

DPC

02/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date