

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State
		DIVISION OF CORPORATIONS

DOCUMENT # N97000000432 (1)
 1. Corporation Name
ADVENTIST LAYMAN PUBLISHING HOUSE ASSOCIATION, I NC.



Principal Place of Business 17750 SOUTHEAST 237TH COURT UMATILLA FL 32784	Mailing Address 17750 SOUTHEAST 237TH COURT UMATILLA FL 32784
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3. Date Incorporated or Qualified 01/27/1997		
4. FEI Number 59-3423433	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERA AVENUE
CORAL GABLES FL 33134
Victor Zaric
17750 SE 237 Court
Umatilla, Fl. 32784

10. Name and Address of New Registered Agent
 81 Name **VICTOR ZARIC**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **17750 SE 237 COURT**
 84 City **UMATILLA** FL 85 Zip Code **32784**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE *[Signature]* DATE **4-24-98**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KAPUSI, ANDREW	
STREET ADDRESS	17750 SOUTHEAST 237TH COURT	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOGOMIROVIC, MILOSAV	
STREET ADDRESS	17750 SOUTHEAST 237TH COURT	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ZARIC, VICTOR	
STREET ADDRESS	17750 SOUTHEAST 237TH COURT	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4-14-98**

CR2E037 (10/97)