


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90139 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000432

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 01/27/1997	4. FEI Number 59-3423433 Applied For Not Applicable	5. 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
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9. Name and Address of Current Registered Agent ZARIS, VICTOR 343 ALMERIA AVENUE 17750 SE 237 CT UMATILLA FL 32784	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPUSI, ANDREW	1.2 NAME	Timothy CIVIC
STREET ADDRESS	17750 SOUTHEAST 237TH COURT	1.3 STREET ADDRESS	17750 SE 237 CT.
CITY-ST-ZIP	UMATILLA FL 32784	1.4 CITY-ST-ZIP	UMATILLA FL. 32784
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGOMIROVIC, MILOSAV	2.2 NAME	MARIA ZARIC
STREET ADDRESS	17750 SOUTHEAST 237TH COURT	2.3 STREET ADDRESS	17750 SE 237 CT
CITY-ST-ZIP	UMATILLA FL 32784	2.4 CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	PTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARIC, VICTOR	3.2 NAME	
STREET ADDRESS	17750 SOUTHEAST 237TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ **REQUIRED** 4-12-94
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01-5466 CR2E037-(1/1/98)