FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32252 (9)

1. Corporation Name
SEVENTH DAY ADVENTIST REFORM MOVEMENT, SOUTH EAS T U.S. FIELD CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1343 OLD HICKORY BLVD. NASHVILLE TN 37207 US	P. O. BOX 78273 NASHVILLE TN 37207-273 US

3. Date Incorporated or Qualified: 12/21/1990
3a. Date of Last Report: 04/20/1994
4. FEI Number: 62-1407121 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26): (Same)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29): 37207-8273 (30) / Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIKER, LINDA
RT 8, BOX 2909
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name: Lydia Haga
82 Street Address (P.O. Box Number is Not Acceptable): 1675 Morningside Drive
83:
84 City: Middleburg FL 85 Zip Code: 32068

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lydia Haga Lydia Haga — DATE: 4/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LAUSEVIC, PETER D	1.2 NAME	Aroldo Monteiro	
STREET ADDRESS	6664 ALLEN RD	1.3 STREET ADDRESS	1508 Beaumont Street	
CITY-ST-ZIP	SPRINGFIELD TN	1.4 CITY-ST-ZIP	Roanoke, VA 24019	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JONES, STEPHEN E	2.2 NAME	Paul Hazelhoff	
STREET ADDRESS	632 SHUN PIKE	2.3 STREET ADDRESS	175 Middleridge Drive	
CITY-ST-ZIP	COTTONTOWN TN	2.4 CITY-ST-ZIP	Callaway, VA 24067	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BUREC, BENJAMIN	3.2 NAME		
STREET ADDRESS	3494 FARMERS RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FINCASTLE VA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	KIKER, LINDA	4.2 NAME	Linda Kiker	
STREET ADDRESS	RT 8 BOX 2909	4.3 STREET ADDRESS	1403 Beaumont Road	
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP	Roanoke, VA 24019	
TITLE	STD	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	HERRMAN, RANDALL	5.2 NAME	Randall Herrman	
STREET ADDRESS	514 MATHES CT.	5.3 STREET ADDRESS	(Same)	
CITY-ST-ZIP	GOODLETTSVILLE TN	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Linda J. Kiker — Linda J. Kiker — 2-13-95 — (703) 362-1625
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

607.0140