

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P32252 (9)

1. Corporation Name

SEVENTH DAY ADVENTIST REFORM MOVEMENT, SOUTH EAST U.S. FIELD CORPORATION



Principal Place of Business

Mailing Address

1343 OLD HICKORY BLVD.
NASHVILLE TN 37207
US

P. O. BOX 78273
NASHVILLE TN 37207-8273
US

3. Date Incorporated or Qualified
12/21/1990

3a. Date of Last Report
04/21/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		62-1407121		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

HAGA, LYDIA
1675 MORNINGSIDE DRIVE
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name	VERONICA BRANDON		
82 Street Address (P.O. Box Number is Not Acceptable)	13116 64th Street		
83			
84 City	Live Oak	85 State	FL
		86 Zip Code	32060

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: **VERONICA L. BRANDON, VERONICA L. BRANDON, Secretary Treasurer** **02-14-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LAUSEVIC, PETER D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6664 ALLEN RD	12 NAME	
STREET ADDRESS	SPRINGFIELD TN	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	D JONES, STEPHEN E <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	632 SHUN PIKE	22 NAME	
STREET ADDRESS	COTTONTOWN TN	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	D BUREC, BENJAMIN <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3494 FARMERS RD.	32 NAME	
STREET ADDRESS	FINCASLE VA	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	SD KIKER, LINDA <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1403 BEAUMONT ROAD	42 NAME	
STREET ADDRESS	ROANOKE VA	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	TD HERRMAN, RANDALL <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	514 MATHES CT.	52 NAME	
STREET ADDRESS	GOODLETTSVILLE TN	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	D MONTEIRO, AROLD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1508 BEAUMONT STREET	62 NAME	
STREET ADDRESS	ROANOKE VA	63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(k), 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 in an attachment with an address.

SIGNATURE:

Peter S. Jansen - PRESIDENT

2-2-96 (615)868-8182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)