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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32252 (9)

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



Principal Place of Business 1343 OLD HICKORY BLVD. NASHVILLE TN 37207 US	Mailing Address P. O. BOX 78273 NASHVILLE TN 37207-8273 US
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3. Date Incorporated or Qualified 12/21/1990	3a. Date of Last Report 02/19/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 62-1407121	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BRANDON, VERONICA
13116 64TH STREET
LIVE OAK FL 32060**

10. Name and Address of New Registered Agent

81 Name **HAGA, LYDIA**

82 Street Address (P.O. Box Number is Not Acceptable)
1675 MORNINGSIDE DR

83

84 City **MIDDLEBURG** FL 85 Zip Code **32068**

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 *Lydia Haga* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	STD
NAME	LAUSEVIC, PETER D	1.2 NAME	PINTEA, MARGARET
STREET ADDRESS	6684 ALLEN RD	1.3 STREET ADDRESS	1963 FOUR NORTH RD
CITY-ST-ZIP	SPRINGFIELD TN	1.4 CITY-ST-ZIP	CARROLLTON, GA 30116
TITLE	D	2.1 TITLE	D
NAME	JONES, STEPHEN E	2.2 NAME	FLORES, FERNANDO
STREET ADDRESS	632 SHUN PIKE	2.3 STREET ADDRESS	2314 POLK ST # 8
CITY-ST-ZIP	COTTONTOWN TN	2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D	3.1 TITLE	
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	SD	4.1 TITLE	
NAME	KIKER, LINDA	4.2 NAME	
STREET ADDRESS	1403 BEAUMONT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROANOKE VA	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	VPD
NAME	HERRMAN, RANDALL	5.2 NAME	SAME
STREET ADDRESS	514 MATHES CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOODLETTSVILLE TN	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MONTEIRO, AROLDO	6.2 NAME	
STREET ADDRESS	1508 BEAUMONT STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROANOKE VA	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)