

FILE NOW: FILING FEE IS \$61.25

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**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number
62-1407121

Applied For	Not Applicable
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2. Principal Place of Business

21. Suite, Apt #, etc.

22. City & State

23. Zip

24. 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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HAGA, LYDIA
1675 MORNINGSIDE DR
MIDDLEBURG FL 32068**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code **FL**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAUSEVIC, PETER D	
STREET ADDRESS	6684 ALLEN RD	
CITY-ST-ZIP	SPRINGFIELD TN	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PINTEA, MARGARET	
STREET ADDRESS	1963 FOUR NORTH RD	
CITY-ST-ZIP	CARROLLTON GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUREC, BENJAMIN	
STREET ADDRESS	3494 FARMERS RD.	
CITY-ST-ZIP	FINCASTLE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLORES, FERNANDO	
STREET ADDRESS	2314 POLK ST, #8	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HERRMAN, RANDALL	
STREET ADDRESS	514 MATHES CT.	
CITY-ST-ZIP	GOODLETTSVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTEIRO, AROLD	
STREET ADDRESS	1508 BEAUMONT STREET	
CITY-ST-ZIP	ROANOKE VA	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1521 NE 10th
4.4 CITY-ST-ZIP	Homestead FL 33033
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: Peter J. Sanson - President Date: 2-11-98 Daytime Phone: 615-868-8182

CR2E037 (10/97)