2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32252

FILED Jul 08, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1343 OLD HICKORY BLVD. NASHVILLE, TN 37207 US

Current Mailing Address: New Mailing Address:

PO BOX 7240 1000 SAVAGE CT.

ROANOKE, VA 24019 US SUITE 219

LONGWOOD, FL 32750 US

FEI Number: 62-1407121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAGA, LYDIA 1675 MORNINGSIDE DR MIDDLEBURG, FL 32068 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Cleater in Circumstance of Decision and Assert

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:D () DeleteTitle:S (X) Change () AdditionName:WIKTOROWSKI, JEFFREYName:WIKTOROWSKI, JEFFREYAddress:3006 EAST STONE CREEKAddress:3006 EAST STONE CREEKCity-St-Zip:GREENBRIER, TN 37073City-St-Zip:GREENBRIER, TN 37073

Title: () Delete Title: (X) Change () Addition JEAN-FRANCOIS, JACQUES P JEAN-FRANCOIS, JACQUES P Name: Name: Address: 620 SW 4TH AVE. Address: 9127 S.E. 225TH DRIVE City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete Title: () Change () Addition

 Name:
 BUREC, BENJAMIN
 Name:

 Address:
 3494 FARMERS RD.
 Address:

 City-St-Zip:
 FINCASTLE, VA
 City-St-Zip:

 $\label{eq:title: S/T () Delete Title: P (X) Change () Addition} \end{minipage}$

Name: BROSTOVSKI, HENRY Name: PAREDES, HOMERO M
Address: 344 STONE LEA DR Address: 589 TYLER AVENUE
City-St-Zip: TROUTVILLE, VA 24175 US City-St-Zip: DELTONA, FL 32725 US

Title: P (X) Delete Title: () Change () Addition

 Name:
 PAREDES, HOMERO
 Name:

 Address:
 589 TYLER AVE.
 Address:

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOMERO PAREDES PRES 07/08/2004