## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32252

FILED Mar 24, 2008 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 **Current Mailing Address: New Mailing Address:** PO BOX 759 CITRA, FL 32113 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: DUCHEINE, MICHEL-ANGE F 1452 E MOWRY DR **APT 203** HOMESTEAD, FL 33033 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DUMITRU, DORIVAL Name: Name: Address: 1345 GOOD MORNING DR. Address: City-St-Zip: NASHVILLE, TN 37072 City-St-Zip: Title: () Delete Title: () Change () Addition JEAN-FRANCOIS, JACQUES P Name: Name: Address: 9127 S.E. 225TH DRIVE Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: Title: () Delete Title: () Change () Addition DUCHEINE, MICHEL-ANGE F Name: Name: 1452 E MOWRY DR APT 203 Address: Address: City-St-Zip: HOMESTEAD, FL 33033 US City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: MARYANN, ESTEVEZ Name: MARYANN, ESTEVEZ 4000 ORXBURY LANE APT C Address: Address: 1410 LAKE RIDGE CIRCLE City-St-Zip: ROANOKE, VA 24018 US City-St-Zip: TROUTVILLE, VA 24175 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHEL-ANGE F DUCHEINE S 03/24/2008