

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

**1343 OLD HICKORY BLVD.
NASHVILLE TN 37207
US**

Mailing Address

**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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

62-1407121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HAGA, LYDIA
1675 MORNINGSID 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

FL

85 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**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD LAUSEVIC, PETER D**
STREET ADDRESS **6664 ALLEN RD**
CITY - ST - ZIP **SPRINGFIELD TN**

TITLE ☐ DELETE
NAME **D JONES, STEPHEN E**
STREET ADDRESS **632 SHUN PIKE**
CITY - ST - ZIP **COTTONTOWN TN**

TITLE ☐ DELETE
NAME **D BUREC, BENJAMIN**
STREET ADDRESS **3494 FARMERS RD.**
CITY - ST - ZIP **FINCASTLE VA**

TITLE ☐ DELETE
NAME **SD KIKER, LINDA**
STREET ADDRESS **1403 BEAUMONT ROAD**
CITY - ST - ZIP **ROANOKE VA**

TITLE ☐ DELETE
NAME **TD HERRMAN, RANDALL**
STREET ADDRESS **514 MATHES CT.**
CITY - ST - ZIP **GOODLETTSVILLE TN**

TITLE ☐ DELETE
NAME **D MONTEIRO, AROLD**
STREET ADDRESS **1508 BEAUMONT STREET**
CITY - ST - ZIP **ROANOKE VA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 D. Lausovic - President

2-2-96 (615)868-8182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)