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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

Mailing Address

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

**P. O. BOX 78273
NASHVILLE TN 37207-8273
US**



3. Date Incorporated or Qualified
12/21/1990

3a. Date of Last Report
02/19/1996

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

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

TITLE **D** ☒ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **SD** ☒ DELETE

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

TITLE **TD** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **MONTEIRO, AROLD**
STREET ADDRESS **1508 BEAUMONT STREET**
CITY-ST-ZIP **ROANOKE VA**

1.1 TITLE

STD ☐ Change ☒ Addition

1.2 NAME

PINTEA, MARGARET

1.3 STREET ADDRESS

1963 FOUR NORTH RD

1.4 CITY-ST-ZIP

CARROLLTON, GA 30116

2.1 TITLE

D ☐ Change ☒ Addition

2.2 NAME

FLORES, FERNANDO

2.3 STREET ADDRESS

2314 POLK ST # 8

2.4 CITY-ST-ZIP

HOLLYWOOD, FL 33020

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

VPD ☒ 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 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)