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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

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

4. FEI Number

62-1407121

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LAUSEVIC, PETER D**
STREET ADDRESS **6884 ALLEN RD**
CITY-ST-ZIP **SPRINGFIELD TN**

TITLE **STD** ☐ DELETE
NAME **PINTEA, MARGARET**
STREET ADDRESS **1963 FOUR NORTH RD**
CITY-ST-ZIP **CARROLLTON GA**

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

TITLE **D** ☐ DELETE
NAME **FLORES, FERNANDO**
STREET ADDRESS **2314 POLK ST, #8**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **VPD** ☐ 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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

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

**1521 NE 10th
Homestead FL 33033**

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 D. Lausovic - President**

2-11-98

615-868-8182

CR2E037 (10/97)