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02-25-1999 90034 029 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P32252

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/21/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
62-1407121

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
 NAME LAUSEVIC, PETER D
 STREET ADDRESS 6864 ALLEN RD
 CITY-ST-ZIP SPRINGFIELD TN

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

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

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

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

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

TITLE D
 NAME FLORES, FERNANDO
 STREET ADDRESS 1521 NE 10TH
 CITY-ST-ZIP HOMESTEAD FL 33033

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

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

5.1 TITLE Secretary ☐ Change ☒ Addition
 5.2 NAME Henry Brostovski
 5.3 STREET ADDRESS 5240 Hollins Rd
 5.4 CITY-ST-ZIP Roanoke Va 24019

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

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Peter D. Lausovic
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

Date

615 868 8182

Daytime Phone #

CR2E037 (11/98)