

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:13

DOCUMENT # 764375 (2)
1. Corporation Name
NORTH FLORIDA BAPTIST THEOLOGICAL SEMINARY, INC.

Principal Place of Business Mailing Address
4545 WESCONNETT BLVD JACKSONVILLE FL 32236
P. O. BOX 14663 JACKSONVILLE FL 32238-0663

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1982
3a. Date of Last Report 04/05/1994
4. FEI Number 59-2331520
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 4526 MILSTEAD RD. 26
Suits, Apt. #, etc. 27
23 JACKSONVILLE, FLORIDA 28
Zip 32210 Country USA 29
30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.052, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WILLIAMS, RONALD D.
4526 MILSTEAD RD.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D
NAME SIKES, WILLIAM J.
STREET ADDRESS 4455 CONFEDERATE POINT RD., APT. 24-E
CITY - ST - ZIP JACKSONVILLE FL 32210
TITLE DCPS
NAME WILLIAMS, RONALD DR.
STREET ADDRESS 4526 MILSTEAD RD
CITY - ST - ZIP JACKSONVILLE FL 32210
TITLE DVT
NAME TOUCHTON, LLOYD G.
STREET ADDRESS 5547 RAMONA BLVD.
CITY - ST - ZIP JACKSONVILLE FL 32205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D SIKES, SIDNEY M. Change Addition
1.2 NAME
1.3 STREET ADDRESS 4455 CONFEDERATE POINT RD.
1.4 CITY - ST - ZIP APT 24-E JACKSONVILLE FL 32210
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 on an attachment with an address.

SIGNATURE: DR. Ronald D. Williams Ronald D. Williams 1/31/95 904-387-4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Minimum 1 Year)