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May 12 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 # 764375 (2)

1. Corporation Name
NORTH FLORIDA BAPTIST THEOLOGICAL SEMINARY, INC.



Principal Place of Business 4526 MILSTEAD RD JACKSONVILLE FL 32210 US	Mailing Address P. O. BOX 14663 JACKSONVILLE FL 32238-1663
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3. Date Incorporated or Qualified 07/30/1982	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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4. FEI Number 59-2331520	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIKES, SIDNEY M.	
STREET ADDRESS	4455 CONFEDERATE POINT RD., APT. 24-E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DCPS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RONALD DR.	
STREET ADDRESS	4526 MILSTEAD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	TOUCHTON, LLOYD G.	
STREET ADDRESS	5547 RAMONA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR WILLIAMS, RONALD DR.
2.3 STREET ADDRESS	4526 MILSTEAD RD.
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TOUCHTON, LLOYD G. DR.
3.3 STREET ADDRESS	5547 RAMONA BLVD.
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DR CROFT JR, ORSON T.
4.3 STREET ADDRESS	3900 MAIN ST
4.4 CITY-ST-ZIP	Middleburg FL 32068
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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. **Lloyd G. Touchton**

SIGNATURE: *Lloyd G. Touchton* **4-28-97 (904) 781-0561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006324

CR2E037 (9/96)