

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 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 # 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 32238-0663
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3. Date Incorporated or Qualified 07/30/1982		
4. FEI Number 59-2331520	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 5547 Ramona Blvd. Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 61592 Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Fl.	City & State 28 Jacksonville, Fl
Zip 24 32205	Country 25
Zip 29 32236-1592	Country 30

5. 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 Lloyd G. Touchton	
82 Street Address (P.O. Box Number is Not Acceptable) 5547 Ramona Blvd.	
83 City Jacksonville, Florida 32205	
84 State 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 **Lloyd G. Touchton** *[Signature]* **5-9-98**
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 D	<input checked="" type="checkbox"/> DELETE
NAME SIKES, SIDNEY M.	
STREET ADDRESS 4455 CONFEDERATE POINT RD., APT. 24-E	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE DS	<input type="checkbox"/> DELETE
NAME WILLIAMS, RONALD DR.	
STREET ADDRESS 4526 MILSTEAD RD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE DCP	<input type="checkbox"/> DELETE
NAME TOUCHTON, LLOYD G.	
STREET ADDRESS 5547 RAMONA BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE DVP	<input type="checkbox"/> DELETE
NAME CROFT JR, ORSON T	
STREET ADDRESS 3900 MAIN ST	
CITY-ST-ZIP MIDDLEBURG FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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.

5-9-98

SIGNATURE: *[Signature]* **Lloyd G. Touchton (904) 781-0561**

CP2E037 (10/97)