

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4526 MILSTEAD RD JACKSONVILLE FL 32210 US</b>	Mailing Address <b>P. O. BOX 14663 JACKSONVILLE FL 32238-0663</b>
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3. Date Incorporated or Qualified <b>07/30/1982</b>		
4. FEI Number <b>59-2331520</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**

<b>81</b> Name <b>Lloyd G. Touchton</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>5547 Ramona Blvd.</b>	
<b>83</b> City <b>Jacksonville, Florida 32205</b>	
<b>84</b> City <b>FL</b>	<b>85</b> 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 <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SIKES, SIDNEY M.</b>	
STREET ADDRESS <b>4455 CONFEDERATE POINT RD., APT. 24-E</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE
NAME <b>WILLIAMS, RONALD DR.</b>	
STREET ADDRESS <b>4526 MILSTEAD RD</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>DCP</b>	<input type="checkbox"/> DELETE
NAME <b>TOUCHTON, LLOYD G.</b>	
STREET ADDRESS <b>5547 RAMONA BLVD.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>DVP</b>	<input type="checkbox"/> DELETE
NAME <b>CROFT JR, ORSON T</b>	
STREET ADDRESS <b>3900 MAIN ST</b>	
CITY-ST-ZIP <b>MIDDLEBURG FL</b>	
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)