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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 764375

1. Corporation Name

NORTH FLORIDA BAPTIST THEOLOGICAL SEMINARY, INC.

Principal Place of Business

5547 RAMONA BLVD
 JACKSONVILLE FL 32205
 US

Mailing Address

P O BOX 61592
 JACKSONVILLE FL 32236-592
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/30/1982

4. FEI Number

59-2331520

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

TOUCHTON, LLOYD G
5547 RAMONA BLVD
JACKSONVILLE FL 32205

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 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, typed or printed name of registered agent and title if applicable.

Lloyd G. Touchton

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-99

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DS**
 WILLIAMS, RONALD DR.
 STREET ADDRESS **4526 MILSTEAD RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE

NAME **DCP**
 TOUCHTON, LLOYD G.
 STREET ADDRESS **5547 RAMONA BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE

NAME **DVP**
 CROFT JR, ORSON T
 STREET ADDRESS **3900 MAIN ST**
 CITY-ST-ZIP **MIDDLEBURG FL**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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 **D**
 Dr. T. Deering Manning
 4.3 STREET ADDRESS **2339 Olander St.**
 4.4 CITY-ST-ZIP **Green Cove Springs, FL**

5.1 TITLE Change Addition

5.2 NAME **D**
 Dr. Sylvia A. Croft
 5.3 STREET ADDRESS **5989 Villanueva Dr.**
 5.4 CITY-ST-ZIP **Keystone Heights, FL**

6.1 TITLE Change Addition

6.2 NAME **D**
 Dr. Donald M. Jackson
 6.3 STREET ADDRESS **2768 Pebbleridge Court**
 6.4 CITY-ST-ZIP **Orange Park, FL**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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: *Lloyd G. Touchton* **SIGNATURE REQUIRED** *Lloyd G. Touchton* (904) 781-0561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2-9-99** Daytime Phone #

CR2E037 (11/98)