

FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90147 039 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 764375

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

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| Principal Place of Business 5547 RAMONA BLVD JACKSONVILLE FL 32205 US | Mailing Address P O BOX 61592 JACKSONVILLE FL 32236-592 US |
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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 07/30/1982 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2331520 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | Zip 29 | Country 30 |

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| 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 |
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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 Lloyd G. Touchton DATE 2-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, RONALD DR. | 1.2 NAME | |
| STREET ADDRESS | 4526 MILSTEAD RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | DCP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOUCHTON, LLOYD G. | 2.2 NAME | |
| STREET ADDRESS | 5547 RAMONA BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROFT JR, ORSON T | 3.2 NAME | |
| STREET ADDRESS | 3900 MAIN ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIDDLEBURG FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Dr. T. Deering Manning |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2339 Olander St. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Green Cove Springs, FL |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Dr. Sylvia A. Croft |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 5989 Villanueva Dr. |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Keystone Heights, FL |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | Dr. Donald M. Jackson |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 2768 Pebbleridge Court |
| CITY-ST-ZIP | | 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 Lloyd G. Touchton DATE 2-9-99 Daytime Phone # (904) 781-0561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)