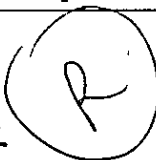


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764375

1. Entity Name

NORTH FLORIDA BAPTIST THEOLOGICAL SEMINARY, INC.



FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90053 050 ****70.00

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

3900 MAIN ST.
 Suite, Apt. #, etc.

3. Mailing Address

3900 MAIN ST.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 MIDDLEBURG, FL

Zip
 32068

Country
 CLAY

City & State
 MIDDLEBURG, FL

Zip
 32068

Country
 CLAY

4. FEI Number
 59-2331520

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOUCHTON, LLOYD G
 5547 RAMONA BLVD
 JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name: ORSON J. CROFT, JR., D. MIN.
 Street Address (P.O. Box Number is Not Acceptable):
5989 VILLANUEVA DRIVE
 City: KEYSTONE HTS FL Zip Code: 32656

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Orson J. Croft, Jr. ORSON J. CROFT, JR. 8-9-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" 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	D	<input type="checkbox"/> Delete
NAME	MANNING, T DEERING DR	
STREET ADDRESS	2339 OLANDER ST	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROFT, SYLVIA A DR	
STREET ADDRESS	5989 VILLANUEVA DR	
CITY-ST-ZIP	KEYSTONE HGTS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, DONALD M DR	
STREET ADDRESS	2768 PEBBLERIDGE CT	
CITY-ST-ZIP	ORANGE PARK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUCHTON, LLOYD G., DR.	
STREET ADDRESS	5547 RAMONA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, ORSON J., JR., D. MIN.	
STREET ADDRESS	5989 VILLANUEVA DR	
CITY-ST-ZIP	KEYSTONE HTS, FL 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, SYLVIA A., Ph.D.	
STREET ADDRESS	5989 Villanueva Dr.	
CITY-ST-ZIP	Keystone Hts, FL 32656	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DONALD M., DR	
STREET ADDRESS	2768 PEBBLERIDGE CT.	
CITY-ST-ZIP	ORANGE PARK, FL	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Orson J. Croft, Jr. ORSON J. CROFT, JR. 8-9-2000 (904) 282-3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (500)