

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90133 045 \*\*\*\*61.25

**DOCUMENT # 764375**

1. Entity Name

**NORTH FLORIDA BAPTIST THEOLOGICAL SEMINARY, INC.**

*LA*

Principal Place of Business

3900 MAIN STREET  
 MIDDLEBURG FL 32068  
 US

Mailing Address

3900 MAIN STREET  
 MIDDLEBURG FL 32068  
 US

**00058606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2331520**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROFT, ORSON J JR**  
**5989 VILLANUEVA DRIVE**  
**KEYSTONE HEIGHTS FL 32656**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>WILLIAMS, RONALD DR.</b> <b>4526 MILSTEAD RD</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP</b> <b>TOUCHTON, LLOYD G.</b> <b>5547 RAMONA BLVD.</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>CROFT JR, ORSON T</b> <b>3900 MAIN ST</b> <b>MIDDLEBURG FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANNING, T DEERING DR</b> <b>2339 OLANDER ST</b> <b>GREEN COVE SPRGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROFT, SYLVIA A DR</b> <b>5989 VILLANUEVA DR</b> <b>KEYSTONE HGTS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, DONALD M DR</b> <b>2768 PEBBLERIDGE CT</b> <b>ORANGE PARK FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TO DIRECTOR ONLY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TO PRESIDENT CHAIRMAN &amp; DIRECTOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TO VICE-PRESIDENT AND DIRECTOR</b>

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*, President 7/3/01 (904) 282-3393

CR2E037 (5/01)