

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME **D** Change Addition
 STREET ADDRESS
 CITY-ST-ZIP **TO DIRECTOR ONLY**

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

TITLE NAME **DCP** Change Addition
 STREET ADDRESS
 CITY-ST-ZIP **TO PRESIDENT CHAIRMAN & DIRECTOR**

TITLE NAME **D MANNING, T DEERING DR** Delete
 STREET ADDRESS **2339 OLANDER ST**
 CITY-ST-ZIP **GREEN COVE SPRGS FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **D CROFT, SYLVIA A DR** Delete
 STREET ADDRESS **5989 VILLANUEVA DR**
 CITY-ST-ZIP **KEYSTONE HGTS FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **D JACKSON, DONALD M DR** Delete
 STREET ADDRESS **2768 PEBBLERIDGE CT**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE NAME **DVP** Change Addition
 STREET ADDRESS
 CITY-ST-ZIP **TO VICE-PRESIDENT AND DIRECTOR**

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)