2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764375

1. Entity Name

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

SIGNATURE

10.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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the obligations of registered agent.

After September 13, 2002,

min. will be \$236.25.

TOUCHTON, LLOYD G.

5547 RAMONA BLVD.

CROFT JR, ORSON T

MANNING, T DEERING DR

GREEN COVE SPRGS FL

CROFT, SYLVIA A DR

5989 VILLANUEVA DR

KEYSTONE HGTS FL

JACKSON, DONALD M DR

2768 PEBBLERIDGE CT

ORANGE PARK FL

JACKSONVILLE FL

3900 MAIN ST

MIDDLEBURG FL

2339 OLANDER ST

DCP

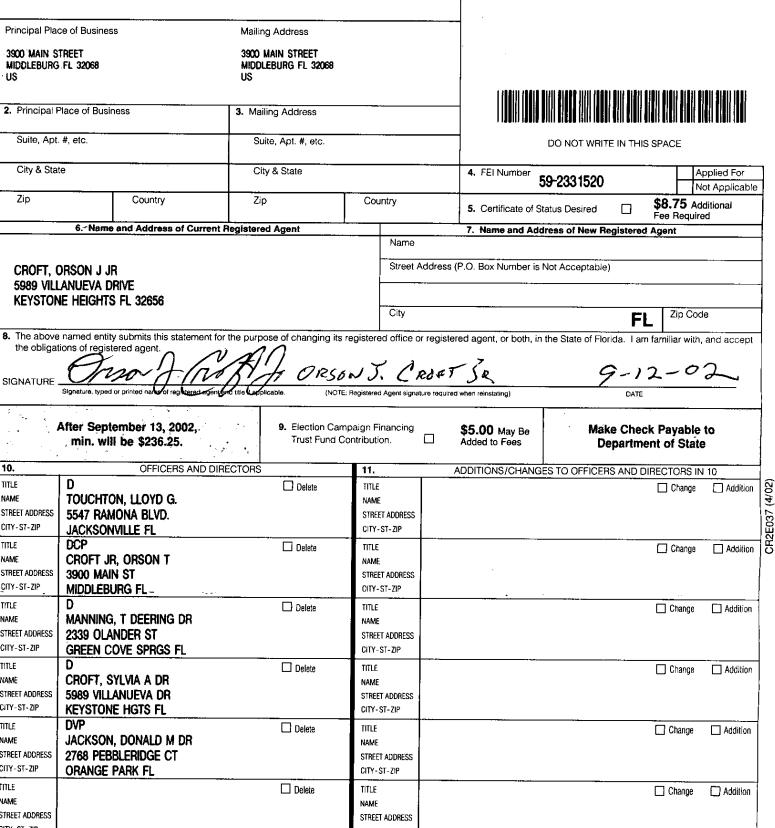
| NORTH FLORIDA BAPTIST THEOLOGICAL SEMINARY, INC. | | | | 1 | |
|--|---------|---|---------|---|--|
| Principal Place of Business 3900 MAIN STREET MIDDLEBURG FL 32068 US | | Mailing Address 3900 MAIN STREET MIDDLEBURG FL 32068 US | | | |
| | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

FILED Sep 19, 2002 8:00 am Secretary of State

09-19-2002 90151 039 ****61.25



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.

City

9. Election Campaign Financing

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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TITLE

NAME

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NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

Trust Fund Contribution.

☐ Delete

☐ Delete

☐ Delete

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☐ Delete

☐ Delete

SIGNATURE:

J. CROFT JR. 9-12-02 1904/282-3393