

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 764375

1. Entity Name

NORTH FLORIDA BAPTIST THEOLOGICAL SEMINARY, INC.

Principal Place of Business

Mailing Address

3900 MAIN STREET
 MIDDLEBURG FL 32068
 US

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

4. FEI Number

59-2331520

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Orson J. Croft Jr **ORSON J. CROFT JR**

9-12-02

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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	D	<input type="checkbox"/> Delete
NAME	TOUCHTON, LLOYD G.	
STREET ADDRESS	5547 RAMONA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DCP	<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	DVP	<input type="checkbox"/> Delete
NAME	JACKSON, DONALD M DR	
STREET ADDRESS	2768 PEBBLERIDGE CT	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

9-12-02 (904)282-3393

CR2E037 (4/02)