

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764375

FILED
Mar 11, 2008
Secretary of State

Entity Name: NORTH FLORIDA BAPTIST THEOLOGICAL SEMINARY, INC.

Current Principal Place of Business:

3900 MAIN STREET
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

3900 MAIN STREET
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 59-2331520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROFT, ORSON J JR
5006 CR 214 N
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: CROFT JR, ORSON J
Address: 3900 MAIN ST
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D () Delete
Name: MANNING, T DEERING SR.
Address: 2703 CEDAR CREST DRIVE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: D () Delete
Name: CROFT, SYLVIA A DR
Address: 5006 C.R. 214 NORTH
City-St-Zip: KEYSTONE HGTS, FL 32656 US

Title: DVP () Delete
Name: JACKSON, DONALD M DR
Address: 2768 PEBBLERIDGE CT
City-St-Zip: ORANGE PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORSON J CROFT JR.

DCP

03/11/2008

Electronic Signature of Signing Officer or Director

_____ Date