

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764375

FILED  
Apr 06, 2009  
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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: VP ( ) Change (X) Addition  
Name: COMPERE, JEAN A VP ADMI  
Address: 1627 MAJESTIC VIEW LANE  
City-St-Zip: ORANGE PARK, FL 32003

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

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date