

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90211 042 ****70.00

0064025

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

Zip Country Zip Country

4. FEI Number **59-2331520** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CROFT, ORSON J JR
~~5989 VILLANUEVA DRIVE~~ **5006 C.R. 214 N.**
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5006 C.R. 214 NORTH
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, the registered agent.

SIGNATURE *Orson J. Croft Jr.* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

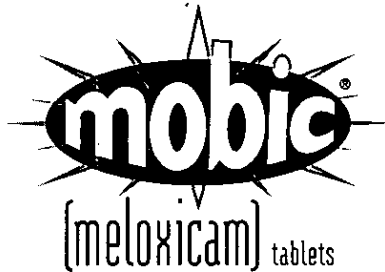
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>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

SIGNATURE: *Orson J. Croft Jr.* 4-18-03 (904) 292-3393

CR2E037 (10/02)

Attachment
90104059
764375



4-18-03

TO WHOM IT

MAY CONCERN:

I PAID \$8.75 IN

2002 AND 2001 FILING

AND NEVER DID RECEIVE

OUR CERTIFICATES. PLEASE

SEND OUR CERTIFICATES.

THANK YOU,

Orson J. Croff Jr.

ORSON J. CROFF JR.

PRESIDENT,

NORTH FLORIDA THEOLOGICAL

SEMINARY

904-282-3393