

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010694

FILED
Apr 17, 2009
Secretary of State

Entity Name: SOUTHWEST THEOLOGICAL CENTER, INCORPORATED

Current Principal Place of Business:

5000 ORANGE GROVE BOULEVARD
N FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50178
FORT MYERS, FL 339940178 US

New Mailing Address:

FEI Number: 16-1689823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOCKTON, ALAN B
2595 62ND AVENUE, SOUTH
ST PETERSBURG, FL 33712 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: CD () Delete
Name: STOCKTON, MARY
Address: 2595 62ND AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: OT () Delete
Name: WILLIAMS, BEVERLY
Address: 3850 CENTRAL AVENUE #303
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: STOCKTON, JANIE
Address: 3850 CENTRAL AVENUE, #303
City-St-Zip: FORT MYERS, FL 33901

Title: OS () Delete
Name: WILLIAMS, TAKEESHA
Address: 2595 62ND AVENUE, SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: WILLIAMS, DONNIE
Address: 2595 62ND AVENUE, SOUTH
City-St-Zip: SAONT PETERSBURG, FL 33712

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: () 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: ALAN B. STOCKTON

OFF

04/17/2009

Electronic Signature of Signing Officer or Director

Date