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Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90069 028 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002253

1. Entity Name
UNION THEOLOGICAL SEMINARY AND PRESBYTERIAN SCHOOL OF CHRISTIAN EDUCATION, INC.

Principal Place of Business	Mailing Address
3401 BROOK RD RICHMOND, VA 23227	3401 BROOK RD RICHMOND, VA 23227

50014923

01182005 Chg-NP CR2E037 (10/03)

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 54-0506428 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEBOVISE, JOHN TURLEY 3501 SAN JOSE ST TAMPA, FL 33629	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEEKS, LOUIS B 3401 BROOK RD RICHMOND, VA 23227	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PROSSER, WILLIAM A 3401 BROOK RD RICHMOND, VA 23227	☒ Delete XX	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T Michael Cashwell 3401 Brook Road Richmond, VA 23227	☐ Change ☒ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/C ROURK, JANE D 31 STONRIDGE PLACE DURHAM, NC 27705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S FAIR, FAIRFAX F 8915 TIMBERSIDE DR, ST LUKES PRESBYERIAN HOUSTON, TX 77025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1011 Cherokee Road Louisville, KY 40204	☒ Change XX ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 2/9/05 804 278-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #