

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 6:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # N10924 (1)**

**1. Corporation Name  
FLORIDA THEOLOGICAL SEMINARY, INC.**

**Principal Place of Business Mailing Address  
4601 JUDY COURT 4601 JUDY COURT  
ORLANDO FL 32839 ORLANDO FL 32839**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 08/29/1985 3a. Date of Last Report 09/17/1994**  
**4. FEI Number 59-3085435**  Applied For  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**  
**7. Nonprofit with IRS 501(c)(3) Tax Exempt Status**  **\$68.75 Supplemental Fee Not Required**

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**  res  No

**2. Principal Place of Business 2a. Mailing Address**  
**21 934 N. MAGNOLIA AVE 26**  
**Suits, Apt. #, etc Suite, Apt. #, etc.**  
**22 SUITE 308 27**  
**City & State City & State**  
**23 ORLANDO FLA 28**  
**Zip Country Zip Country**  
**24 32803 25 FLORIDA 29 30**

**9. Name and Address of Current Registered Agent**  
**SHINDOLL, FLORALEE  
4601 JUDY CT.  
ORLANDO FL 32809**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** Signature: typed or printed name of registered agent and title if applicable (P23E Registered Agent signature required when registering) DATE

**12. OFFICERS AND DIRECTORS**

|                       |                              |
|-----------------------|------------------------------|
| <b>TITLE</b>          | <b>D</b>                     |
| <b>NAME</b>           | <b>SHIPLEY, STEPHEN</b>      |
| <b>STREET ADDRESS</b> | <b>1617 FLORIDA DR.</b>      |
| <b>CITY ST ZIP</b>    | <b>ORLANDO FL</b>            |
| <b>TITLE</b>          | <b>VD</b>                    |
| <b>NAME</b>           | <b>FAIRCHILD, KAY</b>        |
| <b>STREET ADDRESS</b> | <b>3350 SHADY LANE</b>       |
| <b>CITY ST ZIP</b>    | <b>DECATUR IN</b>            |
| <b>TITLE</b>          | <b>PCD</b>                   |
| <b>NAME</b>           | <b>SHINDOLL, HAROLD</b>      |
| <b>STREET ADDRESS</b> | <b>4601 JUDY CT.</b>         |
| <b>CITY ST ZIP</b>    | <b>ORLANDO FL</b>            |
| <b>TITLE</b>          | <b>VD</b>                    |
| <b>NAME</b>           | <b>WRIGHT, JERRY</b>         |
| <b>STREET ADDRESS</b> | <b>4189 S GATE PT</b>        |
| <b>CITY ST ZIP</b>    | <b>HOMOSASSA FL</b>          |
| <b>TITLE</b>          | <b>DV</b>                    |
| <b>NAME</b>           | <b>LONNIE SESSOMS JR</b>     |
| <b>STREET ADDRESS</b> | <b>1112 QUAILWOOD DR</b>     |
| <b>CITY ST ZIP</b>    | <b>FAYETTEVILLE NC 28314</b> |
| <b>TITLE</b>          |                              |
| <b>NAME</b>           |                              |
| <b>STREET ADDRESS</b> |                              |
| <b>CITY ST ZIP</b>    |                              |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                          |   |
|--------------------------|---|
| <b>11 TITLE</b>          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>12 NAME</b>           | <b>FLORALEE A. SHINDOLL</b>   |
| <b>13 STREET ADDRESS</b> | <b>4601 JUDY CT.</b>  |
| <b>14 CITY ST ZIP</b>    | <b>ORLANDO, FL. 32839</b>   |
| <b>21 TITLE</b>          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| <b>22 NAME</b>           | <b>800001483288</b>   |
| <b>23 STREET ADDRESS</b> | <b>-05/10/95--01107--007</b>  |
| <b>24 CITY ST ZIP</b>    | <b>****130.00 ****130.00</b>  |
| <b>31 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| <b>32 NAME</b>           |   |
| <b>33 STREET ADDRESS</b> |   |
| <b>34 CITY ST ZIP</b>    |   |
| <b>41 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| <b>42 NAME</b>           |   |
| <b>43 STREET ADDRESS</b> |   |
| <b>44 CITY ST ZIP</b>    |   |
| <b>51 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| <b>52 NAME</b>           |   |
| <b>53 STREET ADDRESS</b> |   |
| <b>54 CITY ST ZIP</b>    |   |
| <b>61 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| <b>62 NAME</b>           |   |
| <b>63 STREET ADDRESS</b> |   |
| <b>64 CITY ST ZIP</b>    |   |

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE: Harold P. Shindoll**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/95 (407) 246.0038**  
Date System Place #