

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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: **934 N. MAGNOLIA AVE. SUITE 308 ORLANDO FL 32803**  
Mailing Address: **4601 JUDY CT. ORLANDO FL 32839**

3. Date Incorporated or Qualified: **08/29/1985**  
3a. Date of Last Report: **05/01/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25** Zip: **29** Country: **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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title in applicable block) (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPLEY, STEPHEN	1.2 NAME	
STREET ADDRESS	1617 FLORIDA DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRCHILD, KAY	2.2 NAME	
STREET ADDRESS	3350 SHADY LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DECATUR IN	2.4 CITY - ST - ZIP	
TITLE	PCD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDOLL, HAROLD	3.2 NAME	
STREET ADDRESS	4601 JUDY CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JERRY	4.2 NAME	
STREET ADDRESS	4189 S GATE PT	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSSASSA FL	4.4 CITY - ST - ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONNIE SESSOMS JR	5.2 NAME	
STREET ADDRESS	1112 QUAILWOOD DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE NC 28314	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDOLL, FLORALEE A	6.2 NAME	
STREET ADDRESS	4601 JUDY CT.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32839	6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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 L. Shindoll* **DR. HAROLD L. SHINDOLL**  
Date: **4-10-96** (407) 246-0038  
Date, time, Phone #

CR2E037 (12/95)