FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

(407) 246-0038

4-28-97

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N10924

SIGNATURE: HAROLD LISHINDON & WALLEY

(1)

FLORIDA THEOLOGICAL SEMINARY, INC.

Principal Place of Business		Mailing Address			T HOUTHEN ONE LEAVE SEATON THAT DAMES AND THE REAL RANGE.	HA DIDIO BODOL BUDIO DIBIO DIDIO 1884
934 N. MAGNOLIA AVE. SUITE 308 ORLANDO FL 32603		4601 JUDY CT. ORLANDO FL 32839-2007				
					3. Date Incorporated or Qualified 3a. 08/29/1985	O4/19/1996
2. Principal Place of Business 21 / 26 E. Colonial DR.		2a. Mailing Address 26			4. FEI Number 59-3085435	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			6. Election Campaign Financing	Fee Required
	100, Fl.	28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3280	Country 25 ORANGE	Zip :	Countr 30	У	This corporation has liability for intangler Florida Statutes	
24 200	9. Name and Address of Curren		301		10. Name and Address of New Register	
			81	Name		
SHINDOLL, FLORALEE			82	Street	idress (P.O. Box Number is Not Acceptable)	
4601 JUDY CT. ORLANDO FL 32809			83	.l		
UHLANU	U FL 32809					
			84	"		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 ar	n familiar with, and accept the obliga	itions of, Section 617,0503, Flor	ida Statute	S.		
SIGNATURE _	Signature, typed or printed name of registered age	nt and tille if applicable (NOTE:	Registered Ac	eni signatur	quired when reinstating) DATI	E
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	X DELETE	1.1 TITLE		b	Change X Addition
NAME	SHIPLEY, STEPHEN		1.2 NAME		9LLAN ROC	
STREET ADDRESS	1617 Florida dr. Orlando fl			T ADDRESS	52 STEEPIE Chase Circle	
CITY-ST-ZIP TITLE	VD VD	☐ DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP	HNPOKO, 11. JK 111	Change Addition
NAME	FAIRCHILD, KAY		2.2 NAME		Thomas Gill	C overige (A National
STREET ADDRESS	3350 SHADY LANE			T ADDRESS	Thomas Gill 338 MORNING GLORY DR. AKE MARY, Fl. 38746	
CITY-ST-ZIP	DECATUR IN		2. 4 CITY-		AKO MANU. Fl. 32746	
TITLE	PCD	DELETE	3.1 TITLE	······································		Change Addition
NAME	SHINDOLL,HAROLD		3.2 NAME			
STREET ADDRESS	4601 JUDY CT.		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-	ST-ZIP		
TITLE	VD	DELETE	4.1 TITLE			Change Addition
NAME	WRIGHT, JERRY		4. 2 NAME			
STREET ADDRESS	4189 S GATE PT HOMOSASSA FL			T AODRESS		
CITY-ST-ZIP TITLE	DV	DELETE	4.4 City- 5.1 Title	ST-ZIP		Change Addition
NAME	LONNIE SESSOMS JR	(5.2 NAME			L Change L Rudillon
STREET ADDRESS	1112 QUAILWOOD DR			T ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE NC 28314		5.4 CITY-			
TITLE	D	☐ DELETE	6.1 TITLE			Change Addition
NAME	SHINDOLL, FLORALEE A		6.2 NAME			
STREET ADDRESS	4601 JUDY CT.		6.3 STREE	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32839		6.4 CITY-			
information	i indicated on this annual report or si	upplemental annual report is tru	e and acc	urata and	ed in Section 119.07(3)(i), Florida Statutes, I furt	t se if marks under noth that
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.						