

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10924** (1)
 Corporation Name
FLORIDA THEOLOGICAL SEMINARY, INC.



Principal Place of Business 128 E COLONIAL DR ORLANDO FL 32801 US	Mailing Address 4601 JUDY CT. ORLANDO FL 32839
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3. Date Incorporated or Qualified 08/29/1985		
4. FEI Number 59-3085435	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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
85. Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROE, ALLAN	1.2 NAME	HUSKINS, DAVID
STREET ADDRESS	152 STEEPLE CHASE CIRCLE	1.3 STREET ADDRESS	P.O. Box 687
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	N/A
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAIRCHILD, KAY	2.2 NAME	ERIC JAMES AGOSTO
STREET ADDRESS	3350 SHADY LANE	2.3 STREET ADDRESS	4360 S.KIRKMAN ROAD APT 411
CITY-ST-ZIP	DECATUR IN	2.4 CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	PCD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	HOMOSASSA FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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 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: *[Handwritten Signature]* (407) 246-0038

CR2E037 (10/97)