

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90110 012 \*\*\*\*61.25

0018463

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N10924**

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

\* 4 2 9 4 3 1 \*  
 429431 - 90110 - 12

Principal Place of Business Mailing Address  
 126 E COLONIAL DR 4601 JUDY CT.  
 ORLANDO FL 32801 ORLANDO FL 32839  
 US



|    |                                |    |                     |   |  |                                |
|----|--------------------------------|----|---------------------|---|--|--------------------------------|
| 21 | 2. Principal Place of Business | 2a | 2a. Mailing Address | 3 | 3. Date Incorporated or Qualified                      |                                |
|    | Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. | 4 | 4. FEI Number  | Applied For                    |
| 22 | City & State                   | 27 | City & State        |   | 59-3085435   | Not Applicable                 |
| 23 | Zip                            | 28 | Zip                 | 5 | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 24 | Country                        | 29 | Country             |   |  |                                |
|    |                                | 30 |                     | 6 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |

|   |  |  |  |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent         |  | 10. Name and Address of New Registered Agent |  |
| SHINDOLL, FLORALEE<br>4601 JUDY CT.<br>ORLANDO FL 32809 |  | 81   | Name   |
|   |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|   |  | 83   |  |
|   |  | 84   | City   |
|   |  | 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 if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
|----------------------------|--|---|------------------------------|
| TITLE                      | VD<br>HUSKINS, DAVID                       | 1.1 TITLE   | PCD<br>Floralee A. Shindoll  |
| STREET ADDRESS             | P O BOX 687                                | 1.2 NAME  | 4601 JUDY CT.                |
| CITY-ST-ZIP                | CEDARTOWN GA 30125                         | 1.3 STREET ADDRESS                                    | ORLANDO, FL 32839            |
|                            | <input checked="" type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | DT<br>AGOSTO, ERIC JAMES                   | 2.1 TITLE   | DT<br>AGOSTO, ERIC JAMES     |
| STREET ADDRESS             | 4360 S KIRKMAN RD, APT 411                 | 2.2 NAME  | 4360 S. KIRKMAN RD, APT. 411 |
| CITY-ST-ZIP                | ORLANDO FL 32811                           | 2.3 STREET ADDRESS                                    | ORLANDO, FL 32811            |
|                            | <input type="checkbox"/> DELETE            | 2.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | PCD<br>SHINDOLL, HAROLD                    | 3.1 TITLE   |                              |
| STREET ADDRESS             | 4601 JUDY CT.                              | 3.2 NAME  |                              |
| CITY-ST-ZIP                | ORLANDO FL                                 | 3.3 STREET ADDRESS                                    |                              |
|                            | <input checked="" type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | VD<br>WRIGHT, JERRY                        | 4.1 TITLE   |                              |
| STREET ADDRESS             | 4189 S GATE PT 1609 Pine Brook Dr.         | 4.2 NAME  |                              |
| CITY-ST-ZIP                | HOMOSASSA FL EVANSVILLE IND, 47712         | 4.3 STREET ADDRESS                                    |                              |
|                            | <input type="checkbox"/> DELETE            | 4.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | DV<br>LONNIE SESSOMS JR                    | 5.1 TITLE   |                              |
| STREET ADDRESS             | 1112 QUAILWOOD DR                          | 5.2 NAME  |                              |
| CITY-ST-ZIP                | FAYETTEVILLE NC 28314                      | 5.3 STREET ADDRESS                                    |                              |
|                            | <input type="checkbox"/> DELETE            | 5.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | D<br>SHINDOLL, FLORALEE A                  | 6.1 TITLE   |                              |
| STREET ADDRESS             | 4601 JUDY CT.                              | 6.2 NAME  |                              |
| CITY-ST-ZIP                | ORLANDO FL 32839                           | 6.3 STREET ADDRESS                                    |                              |
|                            | <input type="checkbox"/> DELETE            | 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, with all other like empowered.

SIGNATURE: *Floralie A. Shindoll* 4-23-99 (407) 246-0038  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)