

FROM : 01

FAX NO. :

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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.

Principal Place of Business  
126 E COLONIAL DR  
ORLANDO FL 32801  
US

Mailing Address  
4801 JUDY CT  
ORLANDO FL 32809 ORLANDO, FL 32801



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suits, Apt. #, etc.	2b. Suits, Apt. #, etc.	08/29/1985
22. City & State	27. City & State	4. FBI Number
23. Zip	28. Zip	58-3085436
24. Country	29. Country	Applied For Not Applicable
3. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/>
SHINDOLL, FLOALEE 4801 JUDY CT. ORLANDO FL 32808		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$8.00 May be Added to Fees
		7. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. FL	86. Zip Code
FERNANDA G. PORTIQUATTI	6131 SAINT IVES BLVD.		ORLANDO	FL	32819

11. Pursuant to the provisions of Sections 617.0802 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: FERNANDA G. PORTIQUATTI DATE: 8-2-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	PCB
NAME	MUSKINS, DAVID	12 NAME	Floalee A. Shindoll
STREET ADDRESS	P O BOX 667	13 STREET ADDRESS	4801 JUDY CT. 4360 S. KIRKMAN RD, APT. 411
CITY-ST-ZIP	CEDARTOWN GA 30125	14 CITY-ST-ZIP	ORLANDO FL 32839 ORLANDO, FL 32811
TITLE	OV	21 TITLE	PCB
NAME	AGOSTO, ERIC JAMES	22 NAME	AGOSTO, ERIC JAMES
STREET ADDRESS	4360 S KIRKMAN RD, APT 411	23 STREET ADDRESS	ANTONIO CARLOS C.B. de OLIVEI
CITY-ST-ZIP	ORLANDO FL 32811	24 CITY-ST-ZIP	ORLANDO, FL 32811 GARIAND, TEXAS 75044
TITLE	PCD	31 TITLE	VD
NAME	SHINDOLL HAROLD	32 NAME	ANTONIO B. PORTIQUATTI
STREET ADDRESS	4801 JUDY CT.	33 STREET ADDRESS	6131 SAINT IVES BLVD.
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VO	41 TITLE	
NAME	WRIGHT, JERRY	42 NAME	700002975637--9
STREET ADDRESS	1100 S GATE PT	43 STREET ADDRESS	-09/01/99--01036--005
CITY-ST-ZIP	EVANSVILLE, INDI 47712	44 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	OV	51 TITLE	
NAME	LONNE BESSOMS JR	52 NAME	
STREET ADDRESS	1112 OAKWOOD DR	53 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE MO 65314	54 CITY-ST-ZIP	
TITLE	O	61 TITLE	
NAME	SHINDOLL FLOALEE A	62 NAME	
STREET ADDRESS	4801 JUDY CT.	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	64 CITY-ST-ZIP	

14. I hereby certify that the information requested with this filing does not qualify for the exemption stated in Section 118.07(8)(1), 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, upon attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 8-23-99 (407) 246-0031

KE