3.24.98 R 3653 -C

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001111 (4)

1. Corporation Name

THE EMMA CURTIS HOPKINS COLLEGE AND THEOLOGICAL SEMINARY, INC.

Principal Place of Business	Mailing Address
2465 NURSERY ROAD CLEARWATER FL 34624	2465 NURSERY ROAD CLEARWATER FL 34624

3. Date Incorporated or Qualified: 03/04/1993

4. FEI Number: 59-3176494 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

~~RIGDON, R M~~
2465 NURSERY ROAD
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: PATRICIA GERARD
82 Street Address (P.O. Box Number is Not Acceptable): 2308 SETON LANE
83 LARGO
84 City: FL 85 Zip Code: 33774

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: President, Board of Directors 2-24-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD SECRETARY, DIRECTOR	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAFELSKI, JUDITH R		1.2 NAME		
STREET ADDRESS	303 6TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EMERALD, CHARMAINE E		2.2 NAME		
STREET ADDRESS	16495 LAKE VERA RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEVADA CITY CA 95959		2.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARNES, IRA J., JR.		3.2 NAME		
STREET ADDRESS	1268 ROBINHOOD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		3.4 CITY-ST-ZIP		
TITLE	TD TREASURER, DIRECTOR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOPPER, JEANNE S.		4.2 NAME		
STREET ADDRESS	604 CITRUS CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME			5.2 NAME	GERARD PATRICIA S.	
STREET ADDRESS			5.3 STREET ADDRESS	2308 SETON LANE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	LARGO FL 33774	
TITLE		☐ DELETE	6.1 TITLE	EERDD, BRENT, DIRECTOR	☐ Change ☑ Addition
NAME			6.2 NAME	3890 - 24TH AVE N	
STREET ADDRESS			6.3 STREET ADDRESS	ST. PETERSBURG, FL 33710	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: PATRICIA S. GERARD 2-24-98 (813)893-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #