

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90192 044 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>DOCUMENT # N93000001111</b><br>1. Entity Name<br><b>THE EMMA CURTIS HOPKINS COLLEGE AND THEOLOGICAL SEMINARY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| Principal Place of Business<br><b>2465 NURSERY ROAD<br/>CLEARWATER, FL 34624</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                  | Mailing Address<br><b>2465 NURSERY ROAD<br/>CLEARWATER, FL 34624</b>                                                                                                                                           |                                                        |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | 3. Mailing Address                                                               |                                                                                                                                                                                                                |                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | Suite, Apt. #, etc.                                                              |                                                                                                                                                                                                                |                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | City & State                                                                     |                                                                                                                                                                                                                |                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | Country                                                                          |                                                                                                                                                                                                                | Zip                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| 4. FEI Number<br><b>59-3176494</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                  |                                                                                                                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                                  |                                                                                                                                                                                                                | <b>\$8.75 Additional Fee Required</b>                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CROFT, CHRISTINA<br/>2465 NURSERY ROAD<br/>CLEARWATER, FL 34624</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                  | 7. Name and Address of New Registered Agent<br>Name <b>ANN LUCE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>14878 55TH WAY N</b><br>City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33760</b> |                                                        |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| SIGNATURE <u><i>Ann Luce</i></u> <b>ANN LUCE</b> <b>4/5/05</b><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when retabsting) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                | <b>\$5.00 May Be Added to Fees</b>                     |  |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PD                                                                           | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                |                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ANDERSON, ALAN</b>                                                        |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>2548 JAYS NEST LANE</b>                                                   |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>HOLIDAY, FL 34691</b>                                                     |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VPD                                                                          | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                |                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>LUCE, ANN</b>                                                             |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>14878 55TH WAY N</b>                                                      |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>CLEARWATER, FL 33760</b>                                                  |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TD                                                                           | <input checked="" type="checkbox"/> Delete                                       |                                                                                                                                                                                                                |                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SWEET, JANET</b>                                                          |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5265 E. BAY DRIVE UNIT 723</b>                                            |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>CLEARWATER, FL 33784</b>                                                  |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>MEMBER AT LARGE</b>                                                       |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>RACHELLE MONSOUR</b>                                                      |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>2225 NURSERY RD # 37-104<br/>CLEARWATER FL 33764</b>                      |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other info empowered. |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |
| SIGNATURE: <u><i>Ann Luce</i></u> <b>ANN LUCE</b> <b>4/5/05</b> <b>727-585-7990</b><br><small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                  |                                                                                                                                                                                                                |                                                        |  |

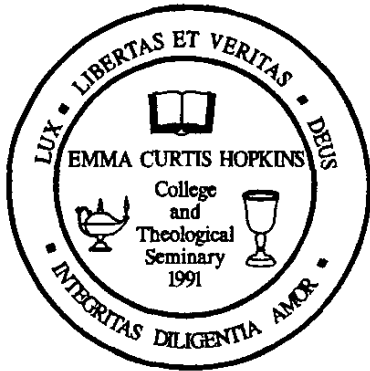
66017357



04052005 Chg-NP CR2E037 (10/03)

ATTACHMENT

66017357



EMMA CURTIS HOPKINS  
COLLEGE & THEOLOGICAL SEMINARY  
2465 NURSERY RD  
CLEARWATER, FLORIDA 33764

May 12, 2005

Florida Department of State  
Division of Corporations  
PO BOX 1500  
Tallahassee FL 32302-1500

Reference number N93000001111

Please list the officers of the corporation as follows:

President  
Anderson, Alan  
2546 Jays Nest Lane  
Holiday FL 34691

Vice President  
Rachelle Monsour  
2225 Nursery Road, # 37-104  
Clearwater FL 33764

Secretary  
Luce, Ann  
14878 55<sup>th</sup> Way North  
Clearwater FL 33760

Treasurer  
Whitehouse, Deb  
2546 Jays Nest Lane  
Holiday FL 34691

Sincerely,

*Ann Luce*  
Ann Luce  
Secretary