


3-24-98 B 3653 -C  
FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001111 (4)**  
1. Corporation Name

**THE EMMA CURTIS HOPKINS COLLEGE AND THEOLOGICAL  
SEMINARY, INC.**

Principal Place of Business	Mailing Address
<b>2465 NURSERY ROAD CLEARWATER FL 34624</b>	<b>2465 NURSERY ROAD CLEARWATER FL 34624</b>



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

3. Date Incorporated or Qualified	Applied For
<b>03/04/1993</b>	<input type="checkbox"/> Not Applicable
4. FEI Number	Applied For
<b>59-3176494</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" 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

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	<b>PATRICIA GERARD</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2308 SETON LANE</b>
83 City	<b>LARGO</b>
84 State	<b>FL</b>
85 Zip Code	<b>33774</b>

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 *Patricia S. Gerard* **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

TITLE	<b>SD SECRETARY, DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>TAFELSKI, JUDITH R</b>	
STREET ADDRESS	<b>303 6TH AVENUE</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL 34635</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EMERALD, CHARMAINE E</b>	
STREET ADDRESS	<b>16495 LAKE VERA RD.</b>	
CITY-ST-ZIP	<b>NEVADA CITY CA 95959</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>CARNES, IRA J., JR.</b>	
STREET ADDRESS	<b>1268 ROBINHOOD LANE</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>TD TREASURER, DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPPER, JEANNE S.</b>	
STREET ADDRESS	<b>604 CITRUS CT</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>PRESIDENT GERARD, PATRICIA S.</b>
5.3 STREET ADDRESS	<b>2308 SETON LANE</b>
5.4 CITY-ST-ZIP	<b>LARGO FL 33774</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>EROD, BRENT, DIRECTOR</b>
6.3 STREET ADDRESS	<b>3890 - 24TH AVE N</b>
6.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33710</b>

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* **PATRICIA S. GERARD 2-24-98 (813) 893-1150**

CR2E037 (10/97)