

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764375

**Entity Name:** NORTH FLORIDA THEOLOGICAL SEMINARY, INC.

**Current Principal Place of Business:**

3900 MAIN STREET  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

3900 MAIN STREET  
MIDDLEBURG, FL 32068 US

**FEI Number:** 59-2331520

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CROFT, ORSON JJR  
5006 CR 214 N  
KEYSTONE HEIGHTS, FL 32656 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DCP  
Name COMPERE, JEAN ALIX DR.  
Address 3900 MAIN ST  
City-State-Zip: MIDDLEBURG FL 32068

Title VP  
Name LESENE, RICK DR.  
Address 3900 MAIN STREET  
City-State-Zip: MIDDLEBURG FL 32068

Title D  
Name CROFT, SYLVIA ADR  
Address 5006 C.R. 214 NORTH  
City-State-Zip: KEYSTONE HGTS FL 32656

Title DVP  
Name JACKSON, DONALD MDR  
Address 2768 PEBBLERIDGE CT  
City-State-Zip: ORANGE PARK FL

Title CHANCELLOR - D  
Name CROFT, JR., ORSON JENNINGS DR.  
Address 5006 C.R. 214  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SYLVIA CROFT

D

04/07/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date