

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008100

**Entity Name:** BETH RAPHA CHRISTIAN COLLEGE AND THEOLOGICAL SEMINARY, INC.

**FILED**  
**May 28, 2015**  
**Secretary of State**  
**CC8246539073**

**Current Principal Place of Business:**

6616 CHELSEA STREET  
TAMPA, FL 33610

**Current Mailing Address:**

6616 CHELSEA STREET  
TAMPA, FL 33610 US

**FEI Number: 27-4034636**

**Certificate of Status Desired: Yes**

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

MCCULLOUGH, JACQUELINE E  
6616 CHELSEA STREET  
TAMPA, FL 33610 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 PD  
Name MCCULLOUGH, JACQUELINE E  
Address 6616 CHELSEA STREET  
City-State-Zip: TAMPA FL 33610

Title D  
Name MCLEOD, PATRICIA REV.  
Address 6616 CHELSEA STREET  
City-State-Zip: TAMPA FL 33610

Title SD  
Name EDWARDS, ROBYN  
Address 6616 CHELSEA STREET  
City-State-Zip: TAMPA FL 33610

Title TCFO  
Name BINGHAM, DOREEN  
Address 6616 CHELSEA STREET  
City-State-Zip: TAMPA FL 33610

*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: DOREEN BINGHAM**

**TCFO**

**05/28/2015**

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

\_\_\_\_\_  
Date