

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008527

**Entity Name:** OCALA THEOLOGICAL SEMINARY INC.

**Current Principal Place of Business:**

1205 NW 4TH STREET  
OCALA, FL 34475

**Current Mailing Address:**

1205 NW 4TH STREET  
OCALA, FL 34475 US

**FEI Number: 45-2845738**

**Certificate of Status Desired: No**

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

GAMBLE, JERONE A REV. DR  
2350 SE 110TH ST.  
OCALA, FL 34480 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: REV. DR. JERONE A. GAMBLE**

**05/06/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GAMBLE, JERONE A REV. DR  
Address        1205 NW 4TH  
City-State-Zip: OCALA FL 34475

Title            VP  
Name            BLAND, EDWARD E. DR.  
Address        637 NW 6TH ST  
City-State-Zip: OCALA FL 34475

Title            SECRETARY  
Name            BLUNT, KEITH REV  
Address        P. O. BOX 771913  
City-State-Zip: OCALA FL 34477

Title            CHAIRMAN  
Name            BAKER, MICHAEL J. CHAIR  
Address        1205 NW 4TH STREET  
City-State-Zip: OCALA FL 34475

Title            VICE PRESIDENT  
Name            SOMMONS, NATHAN VP  
Address        1205 NW 4TH STREET  
City-State-Zip: OCALA FL 34475

*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: JERONE GAMBLE**

**PRESIDENT**

**05/06/2022**

Electronic Signature of Signing Officer/Director Detail

Date