

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000403

FILED
Feb 05, 2021
Secretary of State
2211616733CC

Entity Name: KNOX THEOLOGICAL SEMINARY INC.

Current Principal Place of Business:

5555 N.FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308

Current Mailing Address:

5555 N.FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308 US

FEI Number: 46-1812625

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MANOR, SCOTT DR.
5555 N.FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308 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: SCOTT MANOR

02/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MANOR, SCOTT DR.
Address 5555 N.FEDERAL HIGHWAY
City-State-Zip: FT. LAUDERDALE FL 33308

Title VP
Name SANSBURY, TIMOTHY
Address 5555 N.FEDERAL HIGHWAY
City-State-Zip: FT. LAUDERDALE FL 33308

Title DIRECTOR
Name JOEY, SPINKS
Address 5555 N.FEDERAL HIGHWAY
City-State-Zip: FT. LAUDERDALE FL 33308

Title DIRECTOR
Name MCCLINTOCK , ANN DR.
Address 5555 NORTH FEDERAL HIGHWAY
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR
Name ROB, MATTHEWS MR.
Address 5555 N.FEDERAL HIGHWAY
City-State-Zip: FT. LAUDERDALE FL 33308

Title DIRECTOR
Name ROB, PACIENZA
Address 5555 N.FEDERAL HIGHWAY
City-State-Zip: FT. LAUDERDALE FL 33308

Title DIRECTOR
Name PEREZ, ARTURO
Address 5555 N.FEDERAL HIGHWAY
City-State-Zip: FT. LAUDERDALE FL 33308

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: DR. SCOTT MANOR

PRESIDENT

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date