

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

DOCUMENT# N1300000403

**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:** No

**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

04/11/2022

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            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

Title            DIRECTOR  
Name            BARTUSKA, PETER  
Address        5555 N FEDERAL HWY  
City-State-Zip: FT LAUDERDALE FL 33408

Title            DIRECTOR  
Name            MURRAY, ANN DR.  
Address        5555 N FEDERAL HWY  
City-State-Zip: FT LAUDERDALE FL 33408

Title            DIRECTOR  
Name            BARNES, ROBEY PHD  
Address        5555 N FEDERAL HWY  
City-State-Zip: FT LAUDERDALE FL 33408

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*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

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name AUKER, SCOTT  
Address 5555 N FEDERAL HWY  
City-State-Zip: FT LAUDERDALE FL 33408

Title DIRECTOR  
Name PERRY, RONALD  
Address 5555 N FEDERAL HWY  
City-State-Zip: FT LAUDERDALE FL 33408

Title DIRECTOR  
Name AUKER, CHRISTINE  
Address 5555 N FEDERAL HWY  
City-State-Zip: FT LAUDERDALE FL 33408

Title DIRECTOR  
Name MILTON, JOSEPH  
Address 5555 N FEDERAL HWY  
City-State-Zip: FT LAUDERDALE FL 33408