

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1300000403

**FILED**  
**Feb 19, 2019**  
**Secretary of State**  
**4699937853CC**

**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:**

LAMERSON, SAMUEL P 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:** DR. SAMUEL LAMERSON

02/19/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAMERSON, SAMUEL P 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            KOVACK, RON DR.  
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

**Continues on page 2**

*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:** TIMOTHY SANSBURY

VP

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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