

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000009455

Entity Name: COLLEGE OF THEOLOGICAL SEMINARY, INC.**Current Principal Place of Business:**6601 NW 167TH STREET
MIAMI, FL 33168**Current Mailing Address:**P.O. BOX 601563
NORTH MIAMI BEACH, FL 33160 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JEAN-JULES, GARDY
15011 NE 7 CT
MIAMI, FL 33168 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	PRES
Name	JEAN-JULES, GARDY
Address	15011 NE 7 CT
City-State-Zip:	MIAMI FL 33168

Title	S/D
Name	BENOIT, MASCIANA
Address	17621 NE CT
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DIR
Name	FERNAND JEAN BAPTISTE
Address	11303 NE 13 AVE
City-State-Zip:	MIAMI FL 33161

Title	VP
Name	SHEPHARD, JEAN - JULES TARA
Address	18984 PORTOFINO DR.
City-State-Zip:	TAMPA FL 33606

Title	ASST. SECRETARY
Name	JEAN JULES, LINDA DR.
Address	15011 NE 7 CT
City-State-Zip:	MIAMI FL 33161

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: GARDY JEAN-JULES**PRESIDENT****05/01/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date