

**2022 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: JEAN-JULES, GARDY**

**PRESIDENT**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date