

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90156 012 ****61.25

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DOCUMENT # 747850

1. Corporation Name

FAITH BIBLE THEOLOGICAL SEMINARY, INC.

Principal Place of Business
**1207 HAMILTON BRIDGE ROAD
MILTON FL 32570**

Mailing Address
**1207 HAMILTON BRIDGE ROAD
MILTON FL 32570**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/28/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6354316	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**JOHNSON, EDWIN MAC
1207 HAMILTON BRIDGE ROAD
MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SHREVE, REX	1.1 TITLE	D
NAME	6111 CARR RD	1.2 NAME	ATABEY, AHMET K.
STREET ADDRESS	MILTON, FL 00000 32583	1.3 STREET ADDRESS	1411 Hickory St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	S GUNTON, JOHN C.	2.1 TITLE	
NAME	116 HINOTE STREET	2.2 NAME	
STREET ADDRESS	MILTON, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D JONES, JAMES	3.1 TITLE	
NAME	5134 PARKWAY DR.	3.2 NAME	
STREET ADDRESS	MILTON, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D KELLEY, RANDAL	4.1 TITLE	
NAME	301 CONEQUH STREET	4.2 NAME	
STREET ADDRESS	MILTON, FL 00000 32570	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P JOHNSON, EDWIN MAC	5.1 TITLE	
NAME	1207 HAMILTON BRIDGE RD	5.2 NAME	
STREET ADDRESS	MILTON, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD BOHANNON, WILLIAM R.	6.1 TITLE	
NAME	313 INDEPENDENCE DR	6.2 NAME	
STREET ADDRESS	MILTON, FL 00000	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with all other like empowered

SIGNATURE:

SIGNATURE *E. M. Johnson*

E. M. Johnson 04/26/99 (850) 623-8207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)