

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747850

1. Entity Name

FAITH BIBLE THEOLOGICAL SEMINARY, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90097 048 ****61.25

Principal Place of Business	Mailing Address
1207 HAMILTON BRIDGE ROAD MILTON FL 32570	1207 HAMILTON BRIDGE ROAD MILTON FL 32570-4625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-6554316		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOHNSON, EDWIN MAC 1207 HAMILTON BRIDGE ROAD MILTON FL 32570				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATABEY, AHMET K.	NAME	
STREET ADDRESS	1411 HICKORY ST	STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTON, JOHN C.	NAME	
STREET ADDRESS	116 HINOTE STREET	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 00000	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JAMES	NAME	
STREET ADDRESS	5134 PARKWAY DR.	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 00000	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, RANDAL	NAME	
STREET ADDRESS	301 CONEY STREET	STREET ADDRESS	6826 Mertis Way
CITY-ST-ZIP	MILTON, FL 00000 32570	CITY-ST-ZIP	32583
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, EDWIN MAC	NAME	
STREET ADDRESS	1207 HAMILTON BRIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 00000	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHANNON, WILLIAM R.	NAME	
STREET ADDRESS	313 INDEPENDENCE DR	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 00000	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. M. JOHNSON E. M. JOHNSON 05/18/00 850/623-8207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)