

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90061 048 ****61.25

0019387

DOCUMENT # 747850

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6554316

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ATABEY, AHMET K	
STREET ADDRESS	1411 HICKORY ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUNTON, JOHN C.	
STREET ADDRESS	116 HINOTE STREET	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JAMES	
STREET ADDRESS	5134 PARKWAY DR.	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLEY, RANDAL	
STREET ADDRESS	6826 MERTIS WAY	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, EDWIN MAC	
STREET ADDRESS	1207 HAMILTON BRIDGE RD	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOHANNON, WILLIAM R.	
STREET ADDRESS	313 INDEPENDENCE DR	
CITY-ST-ZIP	MILTON, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Clifford Cole	
STREET ADDRESS	20 Mill Street	
CITY-ST-ZIP	Natick, MA 01760	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6622 Hinote Street	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5899 Independence Dr.	
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. M. Johnson**04/23/01****(850) 623-8207**

Date

Daytime Phone #

CR2E037 (10/00)