

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90225 023 ****61.25

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

6423 Hamilton Bridge Rd.

3. Mailing Address

6423 Hamilton Bridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6554316

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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)

6423 Hamilton Bridge Rd.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **COLE, CLIFFORD**
 STREET ADDRESS **20 MILL ST.**
 CITY-ST-ZIP **NATICK MA 01760**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **GUNTON, JOHN C.**
 STREET ADDRESS **6622 HINOTE ST.**
 CITY-ST-ZIP **MILTON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **JONES, JAMES**
 STREET ADDRESS **5134 PARKWAY DR.**
 CITY-ST-ZIP **MILTON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KELLEY, RANDAL**
 STREET ADDRESS **6826 MERTIS WAY**
 CITY-ST-ZIP **MILTON FL 32583**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **JOHNSON, EDWIN MAC**
 STREET ADDRESS **1207 HAMILTON BRIDGE RD**
 CITY-ST-ZIP **MILTON FL**

TITLE ☐ Change ☐ Addition
 NAME **6423 Hamilton Bridge Rd.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BOHANNON, WILLIAM R.**
 STREET ADDRESS **5899 INDEPENDENCE DR.**
 CITY-ST-ZIP **MILTON FL**

TITLE ☐ Change ☐ Addition
 NAME
 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:

Edwin Mac Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)