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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **850922** **(6)**

1. Corporation Name
REFORMED THEOLOGICAL SEMINARY, INCORPORATED

Principal Place of Business	Mailing Address
D 5422 CLINTON BLVD. JACKSON MS 39209	P.O. BOX 945120 MAITLAND FL 32794-5120

3. Date Incorporated or Qualified: **11/04/1981**
3a. Date of Last Report: **06/13/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **64-0428676** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ, LYNWOOD C
%REFORMED THEOLOGICAL SEMINARY
MAITLAND COMMONS (KELLER RD. & WESTPHAIL)
MAITLAND FL

10. Name and Address of New Registered Agent

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

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 Lynwood Perez Executive V.P. Lynwood C Perez 1-7-96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANNADA, ROBERT C		1.2 NAME		
STREET ADDRESS	2236 N CHERYL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MS 00000		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITLOCK, LUDER G		2.2 NAME		
STREET ADDRESS	2210 HERITAGE HILL DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, JOHN A		3.2 NAME		
STREET ADDRESS	2328 TWIN LAKE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MS 00000		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HORTON, FRANK C		4.2 NAME		
STREET ADDRESS	704 E LEAKE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLINTON, MS 00000		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, W JACK		5.2 NAME		
STREET ADDRESS	PO BOX 467 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, AL 00000		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 an address.

SIGNATURE X Luder G Whitlock, Jr PRESIDENT 1/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015587