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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

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274123 - 90068 - 46

DOCUMENT # **850922**

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

2. Principal Place of Business 21	2a. Mailing Address 26 1231 Reformation DR	3. Date Incorporated or Qualified 11/04/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 64-0428676 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Oviedo FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32765 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Perez, Lynwood % Reformed Theological Seminary
82 Street Address (P.O. Box Number is Not Acceptable) 1231 Reformation DR
83 Oviedo, FL 32765
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	5422 CLINTON BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS 39205		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITLOCK, LUDER G		2.2 NAME		
STREET ADDRESS	1700 SPRING LAKE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FAIR, GEORGE R		3.2 NAME		
STREET ADDRESS	5422 CLINTON BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS 39205		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, JAMES L		4.2 NAME		
STREET ADDRESS	5422 CLINTON BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS 39205		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, LYNWOOD C		5.2 NAME		
STREET ADDRESS	1120 ROLLINGWOOD TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		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 (11/98)

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 an address, with all other like empowered.

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

3-19-99