

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 040 ****70.00

DOCUMENT # 850922

1. Entity Name
**REFORMED THEOLOGICAL SEMINARY,
INCORPORATED**



Principal Place of Business
D
5422 CLINTON BLVD.
JACKSON, MS 39209

Mailing Address
1231 REFORMATION DR
OVIEDO, FL 32765

50046734



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
64-0428676

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

JAMES, FRANK A III
%REFORMED THEOLOGICAL SEMINARY
1231 REFORMATION DR
OVIEDO, FL 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CANNADA, ROBERT C
5422 CLINTON BLVD
JACKSON, MS 39205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAIR, GEORGE R
5422 CLINTON BLVD
JACKSON, MS 39205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, JAMES L
5422 CLINTON BLVD
JACKSON, MS 39205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JAMES, FRANK A III
1231 REFORMATION DR
OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Frank James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 407-366-9493

Date Daytime Phone #