

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90039 044 ****70.00

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04302007 Chg-NP CR2E037 (12/06)

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 64-0428676	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, FRANK A III %REFORMED THEOLOGICAL SEMINARY 1231 REFORMATION DR OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNADA, ROBERT C 5422 CLINTON BLVD JACKSON, MS 39205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIR, GEORGE R 5422 CLINTON BLVD JACKSON, MS 39205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JAMES L 5422 CLINTON BLVD JACKSON, MS 39205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, FRANK A III 1231 REFORMATION DR OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Lynnwood C. Perez** 4/30/07 907-366-9423

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

A mind for truth. A heart for God.

ATTACHMENT
40096991
#850922



THEOLOGICAL SEMINARY
ORLANDO

P 407.366.9493

F 407.366.9425

W www.rts.edu

1231 Reformation Drive
Oviedo, FL 32765

April 30, 2007

To Whom It May Concern:

Please accept the signature of Lynwood in box 12 of the Annual Report. Lynwood is a signing officer as the Chief Development Officer and the President of R.T.S. Foundation. His name and address are as follows:

Lynwood C. Perez
1231 Reformation Dr.
Oviedo, FL 32765

Sincerely,

Christina A. Greenawalt

Christina A. Greenawalt
Director of Operations

ATLANTA
BOCA RATON
CHARLOTTE
JACKSON
ORLANDO
WASHINGTON/BAITIMORE
VIRTUAL