

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 31, 2005
Secretary of State**

DOCUMENT# N03000009490

Entity Name: VALOR THEOLOGICAL SEMINARY, INC.

Current Principal Place of Business:

P.O. BOX 40703
JACKSONVILLE, FL 322030703

New Principal Place of Business:

3949 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 40703
JACKSONVILLE, FL 322030703

New Mailing Address:

P.O. BOX 40703
JACKSONVILLE, FL 32203

FEI Number: 20-2179793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POPE, CHRISTIAN
1769 HAZZELHURST DR.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

POPE, CHRISTIAN DR.
PO BOX 40703
JACKSONVILLE, FL 32203 US

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: DR. CHRISTIAN POPE

01/31/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: POPE, CHRISTIAN DR
Address: PO BOX 40703
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: VD () Change (X) Addition
Name: LANGFORD, SCOTTY
Address: 216 DUCK BLIND WAY
City-St-Zip: WOODBINE, GA 31569

Title: TD () Change (X) Addition
Name: BROWN, WILLIAM B DR
Address: RT. 3, BOX 3149
City-St-Zip: TOWNSEND, GA 31331

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. CHRISTIAN POPE

PD

01/31/2005

Electronic Signature of Signing Officer or Director

Date