


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2007 90043 031 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N04000003963</b>                                   |  |
| 1. Entity Name<br>REFORMED THEOLOGICAL SEMINARY OF FLORIDA, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>1231 REFORMATION DRIVE<br>OVIEDO, FL 32765 | Mailing Address<br>1231 REFORMATION DRIVE<br>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 |
| Zip          | Country      |

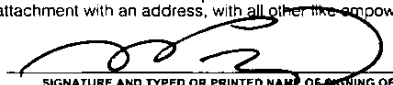
|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent             |  |
| JAMES, FRANK III<br>1231 REFORMATION DR<br>OVIEDO, FL 32765 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| 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   | DATE |

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | DC <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MOORE, JAMES L                     | NAME  |  |
| STREET ADDRESS             | 5422 CLINTON BLVD                  | STREET ADDRESS  |  |
| CITY-ST-ZIP                | JACKSON, MS 39205                  | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | EDWARDS, LARRY W                   | NAME  |  |
| STREET ADDRESS             | 5422 CLINTON BLVD                  | STREET ADDRESS  |  |
| CITY-ST-ZIP                | JACKSON, MS 39205                  | CITY-ST-ZIP   |  |
| TITLE                      | DS <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FAIR, GEORGE R                     | NAME  |  |
| STREET ADDRESS             | 5422 CLINTON BLVD                  | STREET ADDRESS  |  |
| CITY-ST-ZIP                | JACKSON, MS 39205                  | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BRACY, B.F.                        | NAME  |  |
| STREET ADDRESS             | 5422 CLINTON BLVD                  | STREET ADDRESS  |  |
| CITY-ST-ZIP                | JACKSON, MS 39205                  | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CRAWFORD, JOHN A                   | NAME  |  |
| STREET ADDRESS             | 5422 CLINTON BLVD                  | STREET ADDRESS  |  |
| CITY-ST-ZIP                | JACKSON, MS 39205                  | CITY-ST-ZIP   |  |
| TITLE                      | P <input type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CANNADA, ROBERT C JR               | NAME  | CANNADA, Robert C. JR  |
| STREET ADDRESS             | 5422 CLINTON BLVD                  | STREET ADDRESS  |  |
| CITY-ST-ZIP                | JACKSON, MS 39205                  | CITY-ST-ZIP   |  |

|  |                      |
|--|----------------------|
| 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:    | 4/30/07 407-366-9493 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   | Date Daytime Phone # |

40097162



04302007 Chg-NP CR2E037 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>64-0428676 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|---|---|

*A mind for truth. A heart for God.*

ATTACHMENT  
40097162  
#NO 4000003963



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 BALTIMORE  
VIRTUAL