

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003963

1. Entity Name  
REFORMED THEOLOGICAL SEMINARY OF FLORIDA,  
INC.



Principal Place of Business  
1231 REFORMATION DRIVE  
OVIEDO, FL 32765

Mailing Address  
1231 REFORMATION DRIVE  
OVIEDO, FL 32765

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



05282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
64-0428676

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE D  
NAME EDWARDS, LARRY W  
STREET ADDRESS 5422 CLINTON BLVD  
CITY - ST - ZIP JACKSON, MS 39205

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

TITLE D  
NAME BRACY, B.F.  
STREET ADDRESS 5422 CLINTON BLVD  
CITY - ST - ZIP JACKSON, MS 39205

TITLE D  
NAME CRAWFORD, JOHN A  
STREET ADDRESS 5422 CLINTON BLVD  
CITY - ST - ZIP JACKSON, MS 39205

TITLE P  
NAME CANNADA, ROBERTQ C JR  
STREET ADDRESS 5422 CLINTON BLVD  
CITY - ST - ZIP JACKSON, MS 39205

U00000954287  
U7/11/08-80007-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4 June 08 707-3669493