2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003963

FILED Aug 21, 2009 Secretary of State

Entity Name: REFORMED THEOLOGICAL SEMINARY OF FLORIDA, INC.

	rincipal Place of Business:	New Principal Place of Business:
1231 REFO OVIEDO, F	ORMATION DRIVE FL 32765	
Current M	lailing Address:	New Mailing Address:
1231 REF OVIEDO, F	ORMATION DRIVE FL 32765	
In accordan	: 64-0428676 FEI Number Applied For ice with s. 607.193(2)(b), F.S., the corporation I Address of Current Registered Ag	n did not receive the prior notice.
C T CORF 1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324 US	ent. Name and Address of New Registered Agent.
	e named entity submits this statement f e of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATUI		
	Electronic Signature of Register	red Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address:	DC () Delete MOORE, JAMES L 5422 CLINTON BLVD	Title: () Change () Addition Name: Address:
City-St-Zip:	JACKSON, MS 39205	City-St-Zip:
Title: Name: Address:	JACKSON, MS 39205 D () Delete EDWARDS, LARRY W 5422 CLINTON BLVD JACKSON, MS 39205	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () Delete EDWARDS, LARRY W 5422 CLINTON BLVD	Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () Delete EDWARDS, LARRY W 5422 CLINTON BLVD JACKSON, MS 39205 DS () Delete FAIR, GEORGE R 5422 CLINTON BLVD	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () Delete EDWARDS, LARRY W 5422 CLINTON BLVD JACKSON, MS 39205 DS () Delete FAIR, GEORGE R 5422 CLINTON BLVD JACKSON, MS 39205 D () Delete BRACY, B.F. 5422 CLINTON BLVD	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT C. CANNADA, JR. D 08/21/2009