

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90233 010 ****61.50

DOCUMENT # N04000006239

1. Entity Name

**CHRISTIAN EVANGELICAL THEOLOGICAL SEMINARY,
INC.**



Principal Place of Business

**1001 NW 6TH
POMPANO BEACH FL 33060**

Mailing Address

**4970 SW 7TH ST.
MARGATE FL 33068**

14008491



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLY.

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DORVIL, GETRO
1001 NW 6TH
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name

DR. PETER F. MOSS TH.D

Street Address (P.O. Box Number is Not Acceptable)

4970 SW 7ST

4970 SW 7ST

City

MARGATE

FL

Zip Code

33068

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

Peter F. Moss

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-4-05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DORVIL, GETRO	
STREET ADDRESS	1001 NW 6TH	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FLEURIGENE, RAMMNER	
STREET ADDRESS	1001 NW 6TH	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, FRANCIQUE	
STREET ADDRESS	1001 NW 6TH	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. PETER F. MOSS	
STREET ADDRESS	4970 SW 7ST	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIENNE P. ST JEAN	
STREET ADDRESS	1001 NW 6ST	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINE PAUL	
STREET ADDRESS	1001 NW 6ST	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE	T. DORVIL GETRO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1001 NW 6ST	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Peter F. Moss* **PETER MOSS, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05 954-274 4826

Date

Daytime Phone #