2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-27-2007 90018 006 ****61.50

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1. Entity Name

CHRISTIAN EVANGELICAL THEOLOGICAL SEMINARY, INC.

Principal Place of Business	Mailing Address
1001 NW 6TH POMPANO BEACH FL 33060	4970 SW 7TH ST. MARGATE FL 33068

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 73-1709611 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSS, PETER F DR 4970 SW 7 ST MARGATE FL 33068	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 Peter F Moss 3-14-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P MOSS, PETER F DR 4970 SW 7 ST MARGATE FL 33068	☐ Delete	T RISSORT JUSTIN 1001 NW 6st Pompano Beach Fl 33060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V JEAN, JULIENNE P 1001 NW 6 ST POMPANO BEACH FL 33060	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST ST MARTIN, PAUL 1001 NW 6 ST POMPANO BEACH FL 33060	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T GETRO, T. DORVIL 1001 NW 6 ST POMPANO BEACH FL 33060	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T JEAN, L. Marquis 1001 NW 6st Pompano Beach Fl 33060	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T GETHO compere 1001 NW 6st Pompano Beach Fl 33060	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Peter F Moss Peter Moss Director 3-14-07 954-274 4826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #