

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009612

FILED
Apr 18, 2009
Secretary of State

Entity Name: CONSERVATIVE THEOLOGICAL SEMINARY, INC.

Current Principal Place of Business:

12021 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

12021 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

YOUNGBLOOD, GENE A DR.
123021 OLD ST AUGUSTINE RD.
JACKSONVILLE, FL DUVAL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOUNGBLOOD, GENE A DR.
Address: 12021 OLD ST AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: V () Delete
Name: YOUNGBLOOD, DOROTHY C DR.
Address: 12021 OLD ST AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: D () Delete
Name: YOUNGBLOOD, GEOFFREY A
Address: 4526 BANNONS WALK CT.
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: D () Delete
Name: YOUNGBLOOD, GREGORY A
Address: 12609 OLD ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: D () Delete
Name: YOUNGBLOOD, DOROTHY C DR.
Address: 12021 OLD ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: YOUNGBLOOD, GEOFFREY A
Address: 3824 RED'S GAIT.
City-St-Zip: JACKSONVILLE, FL 32223 US

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: DR.GENE A. YOUNGBLOOD

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date