


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-24-2008 90092 030 ****61.25

DOCUMENT # N07000007242					
1. Entity Name EVANGELICAL UNIVERSITY AND SEMINARY, INC.					
Principal Place of Business 105 EAST BAKER STREET PLANT CITY, FL 33563		Mailing Address 105 EAST BAKER STREET PLANT CITY, FL 33563			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-1170781	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTLAKE, ROBERT G 105 EAST BAKER STREET PLANT CITY, FL 33563			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHURCHILL, RON		NAME		
STREET ADDRESS	503 NORTH PALMER STREET		STREET ADDRESS		
CITY - ST - ZIP	PLANT CITY, FL 33563		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIMBRO, FRANK		NAME		
STREET ADDRESS	2215 PRESERVATION DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PLANT CITY, FL 33566		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENRY, J. MYRLE		NAME		
STREET ADDRESS	PO BOX RR		STREET ADDRESS		
CITY - ST - ZIP	PLANT CITY, FL 33564		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUSER, LYNN		NAME		
STREET ADDRESS	2879 HAMMOCK DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PLANT CITY, FL 33566		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KECK, BENNY		NAME		
STREET ADDRESS	4111 BETHLEHEM RD		STREET ADDRESS		
CITY - ST - ZIP	DOVER, FL 33527		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRIS, DANNY		NAME		
STREET ADDRESS	610 NORTH ALEXANDER STREET		STREET ADDRESS		
CITY - ST - ZIP	PLANT CITY, FL 33563		CITY - ST - ZIP		
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: <i>Robert G. Westlake</i>		Date: <i>4-20-08</i>		Daytime Phone: <i>813-752-7197</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>ROBERT G. WESTLAKE</i>					

DUPLICATION



01052008 Chg-NP CR2E037 (12/06)

Applied For Not Applicable

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

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE: *Robert G. Westlake* Date: *4-20-08* Daytime Phone: *813-752-7197*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT G. WESTLAKE