

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007242

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: EVANGELICAL UNIVERSITY AND SEMINARY, INC.

**Current Principal Place of Business:**

105 EAST BAKER STREET  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

105 EAST BAKER STREET  
PLANT CITY, FL 33563

**New Mailing Address:**

FEI Number: 33-1170781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WESTLAKE, ROBERT G  
105 EAST BAKER STREET  
PLANT CITY, FL 33563      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: D      ( ) Delete  
Name: CHURCHILL, RON  
Address: 503 NORTH PALMER STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: D      ( ) Delete  
Name: KIMBRO, FRANK  
Address: 2215 PRESERVATION DRIVE  
City-St-Zip: PLANT CITY, FL 33566

Title: D      ( ) Delete  
Name: HENRY, J. MYRLE  
Address: PO BOX RR  
City-St-Zip: PLANT CITY, FL 33564

Title: D      ( ) Delete  
Name: HOUSER, LYNN  
Address: 2879 HAMMOCK DRIVE  
City-St-Zip: PLANT CITY, FL 33566

Title: D      ( ) Delete  
Name: KECK, BENNY  
Address: 4111 BETHLEHEM RD  
City-St-Zip: DOVER, FL 33527

Title: D      ( ) Delete  
Name: MORRIS, DANNY  
Address: 610 NORTH ALEXANDER STREET  
City-St-Zip: PLANT CITY, FL 33563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 G. WESTLAKE

TREA

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date