

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
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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