

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2: 24

DOCUMENT # N16108 (5)

1. Corporation Name
NORTH AMERICAN SCHOOL OF THEOLOGY, INC.

Principal Place of Business Mailing Address
**1301 SEVENTH STREET, S.W.
WINTER HAVEN FL 33880** **PO BOX 949
WINTER HAVEN FL 33802-0949
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
		30	Country

3. Date Incorporated or Qualified 09/01/1986	3a. Date of Last Report 04/11/1994
4. FEI Number 59-2875125	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WIMBERLY, JAY 1816 FIFTH STREET, S.E. WINTER HAVEN FL 33880				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, JAY	1.2 NAME	
STREET ADDRESS	1816 FIFTH STREET, S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, SHIRLEY C.	2.2 NAME	
STREET ADDRESS	1816 FIFTH STREET, S.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCABE, DAWN M	3.2 NAME	
STREET ADDRESS	3340 TIMBERLINE ROAD, WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNON, WILLIAM E.	4.2 NAME	
STREET ADDRESS	6545 ALBRIGHT TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERDALE GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BENTLEY	5.2 NAME	
STREET ADDRESS	P.O. BOX 4485 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. THOMAS, USVI	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, CHARLES	6.2 NAME	
STREET ADDRESS	231 WEST STARR AVENUE	6.3 STREET ADDRESS	951 15TH ST. NE
CITY-ST-ZIP	LAKE WALES FL	6.4 CITY-ST-ZIP	WINTER HAVEN, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAY WIMBERLY JAY WIMBERLY 3/13/95 (813) 293-1734
(Signature and typed or printed name of signing officer or director) Date (Anytime 11:59 p.m.)