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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16108 (5)
1. Corporation Name
NORTH AMERICAN SCHOOL OF THEOLOGY, INC.



Principal Place of Business 141 W. CENTRAL AVE. #9 WINTER HAVEN FL 33880 US	Mailing Address PO BOX 949 WINTER HAVEN FL 33882-0949 US
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3. Date Incorporated or Qualified 09/01/1986	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21 2852 Recker Highway	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

4. FEI Number 59-2875125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WIMBERLY, JAY
1816 FIFTH STREET, S.E.
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	DCP <input type="checkbox"/> DELETE
NAME	WIMBERLY, JAY
STREET ADDRESS	1816 FIFTH STREET, S.E.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WIMBERLY, SHIRLEY C.
STREET ADDRESS	1816 FIFTH STREET, S.E.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCABE, DAWN M
STREET ADDRESS	390 20TH STREET SW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRANNON, WILLIAM E.
STREET ADDRESS	6545 ALBRIGHT TRAIL
CITY-ST-ZIP	RIVERDALE GA
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, BENTLEY
STREET ADDRESS	P.O. BOX 4465 N/A
CITY-ST-ZIP	ST. THOMAS, USVI
TITLE	D <input type="checkbox"/> DELETE
NAME	BELL, CHARLES
STREET ADDRESS	951 15TH ST. NE
CITY-ST-ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1816 Fifth St. SE
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

Wimberly J. Jay 33880