

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16108

1. Entity Name

NORTH AMERICAN SCHOOL OF THEOLOGY, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90040 035 ****61.25

Principal Place of Business

2856 RECKER HWY
WINTER HAVEN FL 33880
US

Mailing Address

PO BOX 949
WINTER HAVEN FL 33882-0949
US

2. Principal Place of Business

141 W. Central Ave
Suite # 9

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Zip

33880

Country

U.S.

Zip

Country

4. FEI Number

59-2875125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DCP ☐ Delete

NAME WIMBERLY, JAY
STREET ADDRESS 1816 FIFTH STREET, S.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE VD ☐ Delete

NAME WIMBERLY, SHIRLEY C.
STREET ADDRESS 1816 FIFTH STREET, S.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ Delete

NAME MCCABE, DAWN M
STREET ADDRESS 220 WOODLAND TRAIL
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE D ☒ Delete

NAME BRANNON, WILLIAM E.
STREET ADDRESS 6545 ALBRIGHT TRAIL
CITY-ST-ZIP RIVERDALE GA

TITLE D ☐ Delete

NAME THOMAS, BENTLEY
STREET ADDRESS P.O. BOX 4465 N/A
CITY-ST-ZIP ST. THOMAS, USVI

TITLE D ☐ Delete

NAME BELL, CHARLES
STREET ADDRESS 951 15TH ST. NE
CITY-ST-ZIP WINTER HAVEN FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

Jay Wimberly REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-25-01 Daytime Phone # 863-293-1734

CR2E037 (10/00)