

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 06, 2002 8:00 am**
Secretary of State

05-06-2002 90255 028 ****70.00

DOCUMENT # N16108

1. Entity Name

NORTH AMERICAN SCHOOL OF THEOLOGY, INC.

Principal Place of Business

Mailing Address

141 W. CENTRAL AVE
SUITE 9
WINTER HAVEN FL 33880
USPO BOX 949
WINTER HAVEN FL 33882-0949
US

00000073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

214 South Main St

PO Box 36

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale FL

City & State

Auburndale FL

4. FEI Number

59-2875125

Applied For

Not Applicable

Zip

33850

Country

US

Zip

33823

Country

US

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DCP ☐ Delete
NAME WIMBERLY, JAY
STREET ADDRESS 1816 FIFTH STREET, S.E.
CITY-ST-ZIP WINTER HAVEN FLTITLE D ☐ Change ☒ Addition
NAME McNally, Thomas
STREET ADDRESS 1202 Burlington Court
CITY-ST-ZIP Auburndale FL 33823TITLE VD ☐ Delete
NAME WIMBERLY, SHIRLEY C.
STREET ADDRESS 1816 FIFTH STREET, S.E.
CITY-ST-ZIP WINTER HAVEN FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME MCCABE, DAWN M
STREET ADDRESS 220 WOODLAND TRAIL
CITY-ST-ZIP AUBURNDAL FL 33823TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME THOMAS, BENTLEY
STREET ADDRESS P.O. BOX 4465 N/A
CITY-ST-ZIP ST. THOMAS, USVITITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME BELL, CHARLES
STREET ADDRESS 951 15TH ST. NE
CITY-ST-ZIP WINTER HAVEN FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-02 863-293-1734

CR2E037 (9/01)