

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16108

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** NORTH AMERICAN SCHOOL OF THEOLOGY, INC.

**Current Principal Place of Business:**

509 CLUB HILL RD  
LAKE ALFRED, FL 33850 US

**New Principal Place of Business:**

**Current Mailing Address:**

509 CLUB HILL RD  
LAKE ALFRED, FL 33850 US

**New Mailing Address:**

**FEI Number:** 59-2875125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WIMBERLY, JAY  
509 CLUB HILL RD.  
LAKE ALFRED, FL 33850 US

**Name and Address of New Registered Agent:**

WIMBERLY, ARTHUR J  
509 CLUB HILL RD.  
LAKE ALFRED, FL 33850 US

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: ARTHUR JAY WIMBERLY

03/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCP  
Name: WIMBERLY, ARTHUR JAY  
Address: 509 CLUB HILL RD.  
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: VD  
Name: WIMBERLY, SHIRLEY C.  
Address: 509 CLUB HILL RD.  
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: D  
Name: MCCABE, DAWN M  
Address: 2701 AVE. T, NW  
City-St-Zip: WINTER HAVEN, FL 33881 US

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY C WIMBERLY

VD

03/10/2010

Electronic Signature of Signing Officer or Director

Date