

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90149 033 ****61.25

0049087

DOCUMENT # N16108

1. Entity Name

NORTH AMERICAN SCHOOL OF THEOLOGY, INC.



Principal Place of Business

**214 S MAIN ST
AUBURNDALE FL 33850
US**

Mailing Address

**PO BOX 36
AUBURNDALE FL 33823
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

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

509 Club Hill Rd

City

FL

Zip Code

33881

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 FL**

TITLE ☒ Change ☐ Addition
NAME **509 Club Hill Rd**
STREET ADDRESS **Winter Haven, FL 33881**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WIMBERLY, SHIRLEY C.**
STREET ADDRESS **1816 FIFTH STREET, S.E.**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☒ Change ☐ Addition
NAME **509 Club Hill Rd**
STREET ADDRESS **Winter Haven, FL 33881**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCCABE, DAWN M**
STREET ADDRESS **220 WOODLAND TRAIL**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☒ Change ☐ Addition
NAME **2701 Ave T, NW**
STREET ADDRESS **Winter Haven, FL 33881**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **THOMAS, BENTLEY**
STREET ADDRESS **P.O. BOX 4465 N/A**
CITY-ST-ZIP **ST. THOMAS, USVI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BELL, CHARLES**
STREET ADDRESS **951 15TH ST. NE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **M McNALLY, THOMAS**
STREET ADDRESS **1202 BURLINGTON COURT**
CITY-ST-ZIP **AUBURNDALE FL 33823**

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:

Signature Required **VD**

5-1-03

863-956-2215

CR2E037 (10/02)