FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16235** **(6)**

1. Corporation Name

CONSERVATIVE THEOLOGICAL SEMINARY, INC.

Principal Place of Business	Mailing Address
12021 OLD ST. AUGUSTINE RD. P.O. BOX 24299 JACKSONVILLE FL 32258 US	12021 OLD ST. AUTUSTINE RD. P.O. BOX 24299 JACKSONVILLE FL 32258 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0038665 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

YOUNGBLOOD, GENE A. DR.
12021 OLD ST AUGUSTINE RD.
2998 BERNICE CT.
JACKSONVILLE FL 32258

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	YOUNGBLOOD, GENE A. DR. (D	12 NAME	
STREET ADDRESS	12021 OLD ST. AUGUSTINE RD.	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	MURPHY, THOMAS D	22 NAME	
STREET ADDRESS	RT. 2 BOX 205-F	23 STREET ADDRESS	
CITY ST ZIP	FOLKSTON GA	24 CITY ST ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	FISCHLE, H. JOHN DR.	32 NAME	
STREET ADDRESS	110 QUEEN ROAD	33 STREET ADDRESS	
CITY ST ZIP	ST AUGUSTINE FL	34 CITY ST ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	YOUNGBLOOD, GENE JR.	42 NAME	
STREET ADDRESS	10275 #224 OLD ST AUGUSTINE RD.	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	YOUNGBLOOD, DOROTHY	52 NAME	
STREET ADDRESS	2998 BERNICE CT.	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is complete, accurate and current and 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 with changes, if any, attached with no alterations.

SIGNATURE: Dr. Gene A. Youngblood Pres. 4/28/95 904-262-8275

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0026294