FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 08/06/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 12021 old St. Augustine Rd.
Suite, Apt. #, etc.
22 Jacksonville FL.
City & State
23
Zip 24 32258 Country 25 DUVAL

2a. Mailing Address
26 12021 old St. Augustine Rd.
Suite, Apt. #, etc.
27
City & State
28 Jacksonville FL.
Zip 29 32258 Country 30 DUVAL

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YOUNGBLOOD, GENE A. DR. (D		1.2 NAME		
STREET ADDRESS	12021 OLD ST. AUGUSTINE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, THOMAS D		2.2 NAME		
STREET ADDRESS	RT. 2 BOX 205-F		2.3 STREET ADDRESS		
CITY-ST-ZIP	FOLKSTON GA		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FISCHLE, H. JOHN DR.		3.2 NAME		
STREET ADDRESS	110 QUEEN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YOUNGBLOOD, GENE JR.		4.2 NAME		
STREET ADDRESS	~~10275 #224 OLD ST AUGUSTINE RD.~~		4.3 STREET ADDRESS	107 Collier Rd	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Toccoa, GA 30577	
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YOUNGBLOOD, DOROTHY		5.2 NAME		
STREET ADDRESS	~~2998 BERNICE CT.~~		5.3 STREET ADDRESS	12021 old St Augustine Rd.	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: _____ Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dr. Gene A. Youngblood

5-1-96 Date
904-262-8275 Daytime Phone #