

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90209 030 ****70.00

DOCUMENT # N16235

1. Entity Name

CONSERVATIVE THEOLOGICAL SEMINARY, INC.

Principal Place of Business

Mailing Address

12021 OLD ST AUGUSTINE RD
 JACKSONVILLE FL 32258
 US

12021 OLD ST. AUTUSTINE RD.
 JACKSONVILLE FL 32258-2127
 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

65-0038665

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

Name

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

City

FL

Zip Code

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

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 \$61.25

9. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNGBLOOD, GENE A. DR. (D 12021 OLD ST. AUGUSTINE RD. JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURPHY, THOMAS D 1309 JEFFERY LANE BAINBRIDGE GA 31717	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNGBLOOD, GENE JR. 107 COLLIER RD TOCCOA GA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YOUNGBLOOD, DOROTHY 12021 OLD ST AUGUSTINE RD JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, DIRECTOR	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D Geoffrey A. Youngblood 4526 Bannons Walk Ct. Jacksonville, FL 32258	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #

CR2E037 (9/99)