

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16235

1. Entity Name

CONSERVATIVE THEOLOGICAL SEMINARY, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91558 014 ****70.00

766987



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12021 OLD ST AUGUSTINE RD
JACKSONVILLE FL 32258
US

Mailing Address

12021 OLD ST. AUTUSTINE RD.
JACKSONVILLE FL 32258
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0038665

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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 PD ☐ Delete
NAME YOUNGBLOOD, GENE A. DR. (D
STREET ADDRESS 12021 OLD ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VPD ☐ Delete
NAME MURPHY, THOMAS D
STREET ADDRESS 1309 JEFFERY LANE
CITY-ST-ZIP BAINBRIDGE GA 31717

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

TITLE VPD ☒ Delete
NAME YOUNGBLOOD, GENE JR.
STREET ADDRESS 107 COLLIER RD
CITY-ST-ZIP TOCCOA GA

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

TITLE STD ☐ Delete
NAME YOUNGBLOOD, DOROTHY
STREET ADDRESS 12021 OLD ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE V.P.D. (Sec. - Treasurer) ☒ Change ☐ Addition
NAME Youngblood, Dorothy
STREET ADDRESS 12021 Old St. Augustine Rd.
CITY-ST-ZIP Jacksonville FL 32258

TITLE VPD ☐ Delete
NAME YOUNGBLOOD, GEOFFREY A
STREET ADDRESS 4526 BANNONS WALK CT
CITY-ST-ZIP JACKSONVILLE FL 32258

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: REQUIRED

5-3-01

904-262-8225

CR2E037 (10/00)