2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16235

FILED Apr 30, 2006 Secretary of State

Entity Name: CONSERVATIVE THEOLOGICAL SEMINARY, INC.

Current Principal Place of Business: New Principal Place of Business: 12021 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258 **Current Mailing Address: New Mailing Address:** 12021 OLD ST. AUTUSTINE RD JACKSONVILLE, FL 32258 US FEI Number: 65-0038665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YOUNGBLOOD, GENE A. DR 12021 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete YOUNGBLOOD, GENE A. DR. (D YOUNGBLOOD, GENE A. DR. (D Name: Name: 12021 OLD ST. AUGUSTINE RD. Address: 12021 OLD ST. AUGUSTINE RD. Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL 32258 Title: () Delete Title: () Change () Addition MURPHY, THOMAS D Name: Name: Address: 9968 S. MORNING STATE RD. Address: City-St-Zip: BENTONVILLE, AR 72712 City-St-Zip: Title: VPD () Delete Title: () Change () Addition YOUNGBLOOD, GENE JR. Name: Name: Address: 116 OAK CREEK CIR. Address: City-St-Zip: TOCCOA, GA 30577 City-St-Zip: Title: **VDST** () Delete Title: () Change () Addition Name: YOUNGBLOOD, DOROTHY Name: Address: 12021 OLD ST AUGUSTINE RD Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: VPD Title: () Delete Title: () Change () Addition YOUNGBLOOD, GEOFFREY A Name: Name: 4526 BANNONS WALK CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. GENE A. YOUNGBLOOD **PRES** 04/30/2006