2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2008
Secretary of State

DOCUMENT# N35456

Entity Name: SOUTHEASTERN THEOLOGICAL SEMINARY, INC.

Current Principal Place of Business:

1016 GIRVIN RD
JACKSONVILLE, FL 32239

New Principal Place of Business:

1016 GIRVIN RD
JACKSONVILLE, FL 32239 DU

Current Mailing Address:

6134 SHETLAND ROAD
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-2982778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIVONI, JOFFRE P.
6134 SHETLAND RD.
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: VIVONI, JOFFRE P.,
Address: 6134 SHETLAND RD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: DV ( ) Delete
Name: VIVONI, ELIA E.,
Address: 6134 SHETLAND RD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: DS ( ) Delete
Name: WILLIAM, BEVERLY,
Address: 607 S ELM ST
City-St-Zip: TALLULAH, LA

Title: DS ( ) Delete
Name: DE JESUS, ILEANA,
Address: 8921 ERIN CT
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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. JOFFRE P. VIVONI DP 01/12/2008

Electronic Signature of Signing Officer or Director — Date