## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

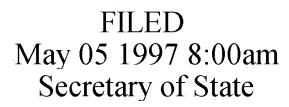
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N47402

(5)

JACKSONVILLE THEOLOGICAL SEMINARY, INC.





Principal Place of Business Mailing Address									
6751 LENOX AVE 6751 LENOX AVE JACKSONVILLE FL 32205-6148									
						3. Date Incorporated or Qualified 02/17/1992	3a. D.	ate of Lest )7/03/19	Report <b>96</b>
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3196863		Applied For Not Applicable		
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired			
City & Sta	ale	City & State				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Zip <b>24</b>	Country 25	Zip [29]	Cour 30	ntry			∵ Yes [	□ No	s. 199.032,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New R	glatered	Agent	
			İ	81	Name				
	Mes Harold RK Drive		į	82	Street Addr	ess (P.O. Box Number is Not Accepta	ole)		
	NVILLE FL 32210		Ĺ	83	O.a.				- C
ı			ĺ	84	City		FL	85   Zij	p Code
SIGNATURE	Signature typed or printed name of registered a	gent and litte if applicable. (No	OTE: Registered			ion's board of directors. I hereby acce red when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE		
12.		ND DIRECTORS	13. 1.1 TiT		<del></del>	ADDITIONS/CHANGES TO OFFI	JEHS ANI	Chance	
NAME	PD VICK, JAMES HAROLD SR	FT DETERT	1.1 III 1.2 NA					☐ Crienty	, El Modillosi
STREET ADDRESS					ADDRESS				
City-ST-ZIP	JACKSONVILLE FL		1,4 CiT						
TITLE	VD	☐ DELETE	2.1 TIT					Change	e 🔲 Addition
NAME	SMITH, FABIENNE N		2.2 NA	ME					
STREET ADDRESS	7304 ELVIA DRIVE		2.3 STI	REET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2 4 CI		ST-ZIP				
TifleF	D	☐ DELETE	3.1 717		ļ			Change	e
NAME	BOCHER, GARY L		3.2 NA		Africas				
STREET ADDRESS	7844 JANA LANE S JACKSONVILLE FL				AOORESS				
CITY - ST - ZIP TITLE	JACKOUNVILLE FL	☐ DELETE	3.4. CI 4.1 TIT		SI-ZIP			Change	e Addition
NAME			4. 2 N		}				
STREET ADDRESS	; [				ADDRESS				
CITY - ST - ZIP			4.4 CF	Y- \$1	T-ZIP				
TITLE		☐ DELETE	5.1 TIT	LE				☐ Change	e Addition
NAME			5.2 NA	ME	Ì				
STREET ADDRESS	8		5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	<u> </u>	Flories	5.4 CIT		T-ZIP			1 AL.:	4.4397
TITLE		DELETE	6.1 717					Change	e Addition
NAME Proces apobene			62 NA		*DDocco				
STREET ADDRESS	5				ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y - \$1	T-ZIP				

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 may name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: