

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90291 026 \*\*\*\*70.00

**DOCUMENT # N47402**

1. Entity Name

JACKSONVILLE THEOLOGICAL SEMINARY, INC.



Principal Place of Business

8159 ALINGTON EXPRESSWAY  
SUITE 10  
JACKSONVILLE FL 32211

Mailing Address

3536 UNIVERSITY N.  
JACKSONVILLE FL 32277

2. Principal Place of Business

1709 St. Johns Bluff Rd. N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

Doral

Zip

22225

Country

Doral

6. Name and Address of Current Registered Agent

SMITH, FABIENNE N  
7304 ELVIA DR  
JACKSONVILLE FL 32211

4. FEI Number

59-3196863

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, FABIENNE N  
STREET ADDRESS 7304 ELVIA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE SD  
NAME NEWTON, C. DEAN  
STREET ADDRESS 626 MONTE CARLO  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE D  
NAME BURCKLEY, MILDRED R  
STREET ADDRESS 2216 THOMAS LYNCH CT  
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE D  
NAME KIRK, PAUL  
STREET ADDRESS 7236 CAPERCAILLE TR  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE D  
NAME DRAWDY, R. CLIFTON  
STREET ADDRESS 487 CLERMONT AVE S  
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME NAOMI-SMITH, FABIENNE  
STREET ADDRESS 7304 ELVIA DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32211 ☒ 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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 exemptions contained in Section 119, 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:

*Naomi-Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 (904) 786-5382  
Date Daytime Phone #