

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47402

FILED
Apr 08, 2009
Secretary of State

Entity Name: JACKSONVILLE THEOLOGICAL SEMINARY, INC.

Current Principal Place of Business:

1709 ST JOHNS BLUFF RD N
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1709 ST JOHNS BLUFF RD N
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3196863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, FABIENNE N
7304 ELVIA DR
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

NAOMI-SMITH, FABIENNE
7304 ELVIA DR
JACKSONVILLE, FL 32211 US

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: FABIENNE NAOMI-SMITH

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAOMI-SMITH, FABIENNE
Address: 7304 ELVIA DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD () Delete
Name: NEWTON, C. DEAN
Address: 626 MONTE CARLO
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: BURCKLEY, MILDRED R
Address: 2216 THOMAS LYNCH CT
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: KIRK, PAUL
Address: 7236 CAPERCAILLE TR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete
Name: DRAWDY, CLIFTON R
Address: 1500 MONUMENT RD. #1408
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: NEWTON, C. DEAN
Address: 626 MONTE CARLO
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change () Addition
Name: BURCKLEY-FROST, MILDRED R
Address: 2216 THOMAS LYNCH CT
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Change () Addition
Name: KIRK, PAUL
Address: P O BOX 65805
City-St-Zip: ORANGE PARK, FL 32065

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: C DEAN NEWTON

STD

04/08/2009

Electronic Signature of Signing Officer or Director

Date