

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47402

FILED
Apr 20, 2012
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:

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

Title: D
Name: NEWTON, C. DEAN
Address: 626 MONTE CARLO
City-St-Zip: JACKSONVILLE, FL 32216

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

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

Title: D
Name: VICK, JAMES H II
Address: PO BOX 350195
City-St-Zip: JACKSONVILLE, FL 32235

Title: D
Name: DRAWDY, R. CLIFTON
Address: 4676 BEALL SPRINGS RD.
City-St-Zip: GIBSON, GA 30907

I hereby 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 all other like empowered.

SIGNATURE: FABIENNE NAOMI-SMITH

DR.

04/20/2012

Electronic Signature of Signing Officer or Director

Date