2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 25 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47402

1. Entity Name
JACKSONVILLE THEOLOGICAL SEMINARY, INC.

Principal Place of Business	Mailing Address
5907 CONNERCE ST JACKSONVILLE, FL 32211	3536 UNIVERSITY N. JACKSONVILLE, FL 32277

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8159 Alimeda Expressway	
Suite, Apt. #, etc. Suite 10	Suite, Apt. #, etc.
City & State Jacksonville FL.	City & State
Zip 32211 Country Duval	Zip Country

4. FEI Number
59-3196863
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VICK, JAMES HAROLD 7070 PERK DRIVE JACKSONVILLE, FL 32210	Name Fabienne N. Smith Street Address (P.O. Box Number is Not Acceptable) 7304 Elvia Dr City Jacksonville **FL** Zip Code 32211

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 Fabienne Nomi-Smith Fabienne N. Smith 9-23-03
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
Initial or Amended UBR

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICK, JAMES HAROLD SR 7070 PERKE DRIVE JACKSONVILLE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200023513122 10/02/03--01053--005 **78.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, FABIENNE N 7304 ELVIA DRIVE JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition Smith, Fabienne N. 7304 Elvia Drive Jacksonville FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, C. DEAN 5221 DUNN AVE. JACKSONVILLE, FL 32218	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition Newton, C. Dean 7039 Civic Club Rd Jacksonville FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICK, JAMES H JR 1218 LE BRUN JACKSONVILLE, FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition Vick, James H Jr 373 Dragon Fly Ln S Jacksonville FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Buckley, Mildred R. 2216 Thomas Lynch Ct Orange Park FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Kirk, Paul 7236 Capercaille Tr. Jacksonville FL 32210

CR2E037 (10/02)

12. I 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 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: C. Dean Newton C. DEAN NEWTON 9-23-03 904 744-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #