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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:15

DOCUMENT # N93000000713 (8)

1. Corporation Name

CORAL RIDGE BAPTIST CHURCH, SCHOOLS, MINISTRIES AND UNIVERSITY/SEMINARY, INCORPORATED

Principal Place of Business	Mailing Address
9755 JUPITER CT N JACKSONVILLE FL 32246	P O BOX 16502 JACKSONVILLE FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2128653 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 2967 Huffman Blvd. 22 Suite, Apt. #, etc. 23 Jacksonville, Florida 24 Zip 32246 25 Country USA	2a. Mailing Address 26 P.O. Box 16502 27 Suite, Apt. #, etc. 28 Jacksonville, FL 29 Zip 32246 30 Country USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURNSED, JEFF 9755 JUPITER CT N JACKSONVILLE FL 32246	91 Name: Jeff BURNSED 92 Street Address (P.O. Box Number is Not Acceptable): 9719 Nimitz Court North 93 94 City: JACKSONVILLE FL 95 Zip Code: 32246

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DR. JEFF BURNSED — Dr. Jeff Burnsed — 3/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BURNSED, JEFF D	1.2 NAME		
STREET ADDRESS	9719 NIMITZ CT., N.	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	FOX, ANTHONY D	2.2 NAME		
STREET ADDRESS	9755 JUPITER CT., N.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	~~VD~~	3.1 TITLE		☑ Change ☐ Addition
NAME	~~ZEMKOWICH, PAUL R~~	3.2 NAME	PAUL Zemkowich	
STREET ADDRESS	~~9755 JUPITER CT., N.~~	3.3 STREET ADDRESS	* dropped (moved)	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PEARSON, JAMES D	4.2 NAME		
STREET ADDRESS	2967 HUFFMAN BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☑ Addition
NAME	KING, GLENN (Addition)	5.2 NAME	KING, GLENN - D	
STREET ADDRESS		5.3 STREET ADDRESS	4070 Green Street	
CITY-ST-ZIP	JACKSONVILLE, Florida 32210	5.4 CITY-ST-ZIP	JAX. FL 32205	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dr. Jeff Burnsed — 3/3/95 — (904) 642-2726
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

0026400