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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001111

1. Corporation Name

THE EMMA CURTIS HOPKINS COLLEGE AND THEOLOGICAL SEMINARY, INC.

Principal Place of Business

Mailing Address

2465 NURSERY ROAD
CLEARWATER FL 34624

2465 NURSERY ROAD
CLEARWATER FL 34624



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/04/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3176494
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution <input type="checkbox"/>
24	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERARD, PATRICIA
2308 SETON LANE
LARGO FL 33774

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	SD	<input type="checkbox"/> DELETE
NAME	TAFELSKI, JUDITH R	
STREET ADDRESS	303 6TH AVENUE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GERARD, PATRICIA S.	
STREET ADDRESS	2308 SETON LANE	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARNES, IRA J., JR.	
STREET ADDRESS	1268 ROBINHOOD LANE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOPPER, JEANNE S.	
STREET ADDRESS	604 CITRUS CT	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERROD, BRENT	
STREET ADDRESS	3890-24TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:  PATRICIA S. GERARD

3-5-99

727-893-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)