

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000003239 (9)**

1. Corporation Name

**FLORIDA GULF COAST SCHOOL OF THEOLOGY & SEMINARY  
, INC.**



Principal Place of Business

Mailing Address

**438 EAST LEMON STREET  
TARPON SPRINGS FL 34689**

**438 EAST LEMON STREET  
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified  
**07/03/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 438 E. Lemon Street**

**26 438 E Lemon Street**

4. FEI Number

Applied For

**59-3824809**

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 Tarpon Springs, FL 34689**

**27 Tarpon Springs, FL**

Zip

Country

Zip

Country

**24 34689**

**25 USA**

**29 34689**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAPORIS, FR. ELISA-JOHN E  
500 SOUTH WALTON AVE., #22  
TARPON SPRINGS FL 34689**

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 *Elia-John E. Vaporis, Ph.D.*

**Elia-John E. Vaporis**

**Feb. 29, 1996**

Signature, typed or printed name of registered agent, 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 ☐ DELETE  
NAME **President**  
STREET ADDRESS **Joseph M. John, STD**  
CITY-ST-ZIP **1203 Meres Blvd  
Tarpon Springs, FL 34689**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Director**  
1.3 STREET ADDRESS **David Perry, H.L.D.**  
1.4 CITY-ST-ZIP **3432 Warbler Drive  
Holiday, FL 34690**

TITLE ☐ DELETE  
NAME **Dean**  
STREET ADDRESS **Elia-John E. Vaporis, Ph.D.**  
CITY-ST-ZIP **500 S. Walton Ave. # 22  
Tarpon Springs, FL 34689**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **Director**  
2.3 STREET ADDRESS **Jeffrey Davis, D.D.**  
2.4 CITY-ST-ZIP **1870 Florida Avenue  
Palm Harbor, FL 34683**

TITLE ☐ DELETE  
NAME **Registrar**  
STREET ADDRESS **Daniel D. Duren, Ppsy.D.**  
CITY-ST-ZIP **5053 Suwannee Drive  
New Port Richey, FL 34652**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Director**  
3.3 STREET ADDRESS **Elder Lomax Salter**  
3.4 CITY-ST-ZIP **3620 18th Avenue South  
St. Petersburg, FL 33735**

TITLE ☐ DELETE  
NAME **Business Manager**  
STREET ADDRESS **Mildred C. Bondurant, H.L.D.**  
CITY-ST-ZIP **1009 Lake Avoca Place  
Tarpon Springs, FL 34689**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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: *Elia-John E. Vaporis, Ph.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb. 19, 1996** **813 938-3943**

Date

Daytime Phone #

CR2E037 (12/95)