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Mar 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000003239 (9)

1. Corporation Name

CHRIST THE KING THEOLOGICAL SEMINARY, INC.

Principal Place of Business

Mailing Address

438 EAST LEMON STREET
TARPON SPRINGS FL 34689

438 EAST LEMON STREET
TARPON SPRINGS FL 34689-4312



3. Date Incorporated or Qualified
07/03/1995

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAPORIS, FR. ELIA-JOHN E

~~500 SOUTH WALTON AVE. #22~~

TARPON SPRINGS FL 34689

544 WALTON VILLAGE WAY

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 *Fr. Elia-John E. Vapprie*

Fr. Elia-John E. Vapprie March 1 1997

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	P	<input checked="" type="checkbox"/> DELETE
NAME	JOHN, JOSEPH M STD	
STREET ADDRESS	1203 MERES BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAPORIS, ELISA-JOHN E PH.D.	
STREET ADDRESS	500 S. WALTON AVE. #22	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	R	<input checked="" type="checkbox"/> DELETE
NAME	DUREN, DANIEL D PPSY.D.	
STREET ADDRESS	5053 SUWANNEE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34852	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, DAVID H.L.D.	
STREET ADDRESS	3432 WARBLER DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JEFFREY D.D.	
STREET ADDRESS	1870 FLORIDA AVENUE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALTER, ELDER L	
STREET ADDRESS	3620 18TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33735	

1.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gwendolyn A. Perry	
1.3 STREET ADDRESS	979 Spinnaker Court	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vaporis, Elia-John E. PhD	
2.3 STREET ADDRESS	544 Walton Village Way	
2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Young, F. Raymond	
3.3 STREET ADDRESS	8421 Briar Leaf Court	
3.4 CITY-ST-ZIP	Port Richey, FL 34668	
4.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Perry, David H.L.D.	
4.3 STREET ADDRESS	979 Spinnaker Court	
4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kaup, Lynn	
5.3 STREET ADDRESS	2006 Se Marino Way	
5.4 CITY-ST-ZIP	Dunedin, FL 34623	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Fr. Elia-John E. Vapprie* FR. ELIA-JOHN E. VAPORIS

03/01/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068002

CR2E037 (9/96)