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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthland Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003239 (9)**

1. Corporation Name

CHRIST THE KING THEOLOGICAL SEMINARY, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 802 Union St.

Suite, Apt. #, etc.

22

City & State

23 St. Petersburg, FL

Zip

24 33705

Country

25 USA

2a. Mailing Address

26 P.O. Box 136

Suite, Apt. #, etc.

27

City & State

28 Tarpon Springs, FL

Zip

29 34688

Country

30 USA

3. Name and Address of Current Registered Agent

**VAPORIS, FR. ELIA-JOHN E
544 WALTON VILLAGE WAY
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

59-3324809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation ~~has~~ or has paid the current year Intangible

Personal Property Tax due June 30.

☒

Yes

☒

No

N/A

10. Name and Address of New Registered Agent

81 Name

Rev. David A. Perry, D.R. Ed.

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

979 Spinnaker Ct.

83

84 City

Tarpon Springs, FL

85

Zip Code

34689

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 officer 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

David A. Perry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-10-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☒ DELETE

NAME **PERRY, GWENDOLYN A.**
STREET ADDRESS **979 SPINNAKER COURT**
CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **VP** ☒ DELETE

NAME **VAPORIS, ELIAS-JOHN E**
STREET ADDRESS **544 WILTON VILLAGE WAY**
CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **D** ☒ DELETE

NAME **YOUNG, F. RAYMOND**
STREET ADDRESS **8421 BRIAR LEAF COURT**
CITY - ST - ZIP **PORT RICHEY FL**

TITLE **D** ☒ DELETE

NAME **PERRY, DAVID**
STREET ADDRESS **979 SPINNAKER COURT**
CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **D** ☒ DELETE

NAME **KEUP, LYNN**
STREET ADDRESS **2006 SAN MARINO WAY**
CITY - ST - ZIP **DUNEDIN FL**

TITLE **D** ☒ DELETE

NAME **SALTER, ELDER L**
STREET ADDRESS **3620 18TH AVENUE SOUTH**
CITY - ST - ZIP **ST PETERSBURG FL 33735**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S = Secretary** ☒ Change ☐ Addition

1.2 NAME **Gwendolyn Perry**
1.3 STREET ADDRESS **979 Spinnaker Ct.**
1.4 CITY - ST - ZIP **Tarpon Springs, FL 34689**

2.1 TITLE **T = Treasurer** ☐ Change ☒ Addition

2.2 NAME **James Jones**
2.3 STREET ADDRESS **2680 Bequiment Ct**
2.4 CITY - ST - ZIP **Clearwater, FL 34621**

3.1 TITLE **D - Director** ☐ Change ☒ Addition

3.2 NAME **Joseph John**
3.3 STREET ADDRESS **1203 Menes Blvd.**
3.4 CITY - ST - ZIP **Tarpon Springs, FL 34688**

4.1 TITLE **A = President** ☒ Change ☐ Addition

4.2 NAME **David A. Perry**
4.3 STREET ADDRESS **979 Spinnaker Ct.**
4.4 CITY - ST - ZIP **Tarpon Springs, FL 34689**

5.1 TITLE **D - Director** ☐ Change ☒ Addition

5.2 NAME **Joseph Smiley**
5.3 STREET ADDRESS **1275 Wood Ave.**
5.4 CITY - ST - ZIP **Clearwater, FL 34615**

6.1 TITLE **D - Director** ☐ Change ☒ Addition

6.2 NAME **Psalms mack**
6.3 STREET ADDRESS **600 Klosterman Rd.**
6.4 CITY - ST - ZIP **Palm Harbor, FL 34685**

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.

SIGNATURE: **James K. Jones** **1/17/98** **813-347-8240**

CR2E037 (10/97)