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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90003 021 \*\*\*\*61.25

**DOCUMENT # N95000003239**

1. Corporation Name

**CHRIST THE KING THEOLOGICAL SEMINARY, INC.**

Principal Place of Business

802 UNION ST  
ST PETERSBURG FL 33705  
US

Mailing Address

PO BOX 136  
TARPON SPRINGS FL 34688  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

PERRY, DAVID A REV D.  
979 SPINNAKER CT  
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

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

TITLE S ☐ DELETE  
NAME PERRY, GWENDOLYN A.  
STREET ADDRESS 979 SPINNAKER COURT  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE T ☐ DELETE  
NAME JONES, JAMES  
STREET ADDRESS 2680 BEAUMONT CT  
CITY-ST-ZIP CLEARWATER FL 34621

TITLE D ☐ DELETE  
NAME JOHN, JOSEPH  
STREET ADDRESS 1203 MERES BLVD  
CITY-ST-ZIP TARPON SPRINGS FL 34688

TITLE P ☐ DELETE  
NAME PERRY, DAVID H  
STREET ADDRESS 979 SPINNAKER COURT  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ DELETE  
NAME SMILEY, JOSEPH  
STREET ADDRESS 1275 WOOD AVE  
CITY-ST-ZIP CLEARWATER FL 34615

TITLE D ☐ DELETE  
NAME PSALMS, MACK  
STREET ADDRESS 600 KLOSTERMAN RD  
CITY-ST-ZIP PALM HARBOR FL 34685

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)