

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003239

1. Entity Name

CHRIST THE KING THEOLOGICAL SEMINARY, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90078 021 ****61.25

Principal Place of Business

Mailing Address

802 UNION ST
ST PETERSBURG FL 33705
US

PO BOX 136
TARPON SPRINGS FL 34688-0136
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3324809

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☒ Addition
NAME D
STREET ADDRESS Plunkett, Allen
CITY-ST-ZIP 1004 Rosetree Lane
Tarpun Springs, FL 34689

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James A. P. [Signature]

1/18/00 727-347-8240