

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003239

1. Entity Name

CHRIST THE KING THEOLOGICAL SEMINARY, INC.

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90007 005 ****70.00

Principal Place of Business

802 UNION ST
ST PETERSBURG FL 33705
US

Mailing Address

PO BOX 136
TARPON SPRINGS FL 34688
US

00074297



DO NOT WRITE IN THIS SPACE

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 Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, DAVID A REV D.

979 SPINNAKER CT
TARPON SPRINGS FL 34689

Address change

7. Name and Address of New Registered Agent

Rev. David A. Perry

463 E. Morgan Street

City Tarpon Springs, FL Zip Code 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

Rev. David A. Perry

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

After September 12, 2001, min. will be \$236.25

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

TITLE	S	<input type="checkbox"/> Delete
NAME	PERRY, GWENDOLYN A.	
STREET ADDRESS	979 SPINNAKER COURT	Address change
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, JAMES	
STREET ADDRESS	2680 BEAUMONT CT	Address change
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLUNKETT, ALLEN	
STREET ADDRESS	1004 ROSETREE LANE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	P	<input type="checkbox"/> Delete
NAME	PERRY, DAVID H	
STREET ADDRESS	979 SPINNAKER COURT	Address change
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMILEY, JOSEPH	
STREET ADDRESS	1275 WOOD AVE	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	D	<input type="checkbox"/> Delete
NAME	PSALMS, MACK	
STREET ADDRESS	600 KLOSTERMAN RD	
CITY-ST-ZIP	PALM HARBOR FL 34685	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry Gwendolyn A	
STREET ADDRESS	463 E Morgan St	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones James	
STREET ADDRESS	260 Michaels Circle	
CITY-ST-ZIP	Oldsmar, FL 34677-3343	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry David A	
STREET ADDRESS	463 E. Morgan St.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: David A. Perry 7/13/01 727-942-1214

CR2E037 (5/01)