

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003239

FILED
Feb 24, 2005
Secretary of State

Entity Name: CHRIST THE KING THEOLOGICAL SEMINARY, INC.

Current Principal Place of Business:

722 S. DISSTON AVE
TARPON SPRINGS, FL 34699 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 136
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 59-3324809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHENEY, WILLIE REV. J
P.O. BOX 1047
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PERRY, GWENDOLYN
Address: 463 E MORGAN STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D () Delete
Name: PLUNKETT, ALLEN
Address: 1004 ROSETREE LANE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D () Delete
Name: PERRY, DAVID A
Address: 463 E MORGAN STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D () Delete
Name: SMILEY, JOSEPH
Address: 1275 WOOD AVE
City-St-Zip: CLEARWATER, FL 34615 US

Title: S () Delete
Name: PSALMS, MACK
Address: 600 KLOSTERMAN RD
City-St-Zip: PALM HARBOR, FL 34685 US

Title: P () Delete
Name: MATHENEY, WILLIE J
Address: P.O. BOX 1047
City-St-Zip: TARPON SPRINGS, FL 34688 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN PERRY

T

02/24/2005

Electronic Signature of Signing Officer or Director

Date