

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003239

FILED  
Feb 16, 2006  
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:**

VAPORIS, ELIA-JOHN DR.  
P.O. BOX 1047  
TARPON SPRINGS, FL 34688 US

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: DR. ELIA-JOHN VAPORIS

02/16/2006

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  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: VAPORIS, ELIA-JOHN DR.  
Address: P.O. BOX 136  
City-St-Zip: TARPON SPRINGS, FL 34688 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DR. ELIA-JOHN VAPORIS

P

02/16/2006

Electronic Signature of Signing Officer or Director

Date