2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 17, 2009
Secretary of State

DOCUMENT# N95000003239

Entity Name: CHRIST THE KING THEOLOGICAL SEMINARY, INC.

Current Principal Place of Business:

716 LIVE OAK STREET
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1853
TARPON SPRINGS, FL 34688 US

New Mailing Address:

716 LIVE OAK STREET
TARPON SPRINGS, FL 34689 US

FEI Number: 59-3324809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VAPORIS, ELIA-JOHN DR.
716 LIVE OAK STREET
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

VAPORIS, ELIA-JOHN E REV.DR.
716 LIVE OAK STREET
TARPON SPRINGS, FL 34689 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: REV. DR. ELIA-JOHN E. VAPORIS, ED.D. 09/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VAPORIS, ELIA-JOHN
Address: 716 LIVE OAK STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D ( ) Delete
Name: SHAW, MYLES
Address: 800 CHESAPEAKE DRIVE, #24
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D ( ) Delete
Name: SHAW, DOROTHY
Address: 800 CHESAPEAKE DRIVE, # 24
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D ( ) Delete
Name: REID, ZOE
Address: 800 CHESAPEAKE DRIVE, # 18
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D ( ) Delete
Name: FORD, MICHAEL
Address: 5640 RIVER ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652 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: D (X) Change ( ) Addition
Name: ZAKAY, SAMUEL REV. DR
Address: 9819 MORRIS GLEN WAY
City-St-Zip: TAMPA, FL 33637 US

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

I hereby certify that the information supplied with this filing does not qualify 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: REV. DR. ELIA-JOHN E. VAPORIS, ED.D. PRES 09/17/2009
Electronic Signature of Signing Officer or Director Date