

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07000007242

**Entity Name:** EVANGELICAL UNIVERSITY AND SEMINARY, INC.

**Current Principal Place of Business:**

105 EAST BAKER STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

105 EAST BAKER STREET  
PLANT CITY, FL 33563

**FEI Number:** 33-1170781

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WESTLAKE, ROBERT G  
105 EAST BAKER STREET  
PLANT CITY, FL 33563 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name WILLIAMS, GARY  
Address 13013 BINNION ST  
City-State-Zip: DOVER FL 33527

Title D  
Name HENRY, J. MYRLE  
Address PO BOX RR  
City-State-Zip: PLANT CITY FL 33564

Title D  
Name HOUSER, LYNN  
Address 2879 HAMMOCK DRIVE  
City-State-Zip: PLANT CITY FL 33566

Title D  
Name KECK, BENNY  
Address 4111 BETHLEHEM RD  
City-State-Zip: DOVER FL 33527

Title D, PRESIDENT  
Name MORRIS, DANNY L  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name CLINE, CLINT  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name MASHBURN, MARC  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name FREDETTE, MIKE  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

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*I hereby 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 all other like empowered.*

**SIGNATURE:** DANNY L. MORRIS

**DIRECTOR**

**08/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HEAD, DAVID DR.  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name MILLER, RANDALL DR.  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name WESTLAKE, ROBERT W  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name YOUNG, RAY  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name WEITZEL, JACK  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name MASON, DON  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name PLAIRE, BUDDY  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name TICHY, OSCAR DR.  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name DOUGHTERY, LINDA  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name TURBEVILLE, STEVE  
Address 105 EAST BAKER STREET  
City-State-Zip: PLANT CITY FL 33563