

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16235

**Entity Name:** CONSERVATIVE THEOLOGICAL UNIVERSITY INC.

**Current Principal Place of Business:**

12021 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

12021 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32258 US

**FEI Number:** 65-0038665

**Certificate of Status Desired:** Yes

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

YOUNGBLOOD, DR. GENE APRES  
12021 OLD ST AUGUSTINE RD.  
JACKSONVILLE, FL 32258 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 VDS  
Name YOUNGBLOOD, DOROTHY DR.  
Address 12021 OLD ST AUGUSTINE RD  
City-State-Zip: JACKSONVILLE FL 32258

Title VPD  
Name YOUNGBLOOD, GEOFFREY A  
Address 3824 RED'S GAIT  
City-State-Zip: JACKSONVILLE FL 32223

Title PD  
Name YOUNGBLOOD, GENE A DR  
Address 12021 OLD ST. AUGUSTINE RD.  
City-State-Zip: JACKSONVILLE FL 32258

*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:** DR. GENE A. YOUNGBLOOD

**PRES**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date