

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47402

Entity Name: JACKSONVILLE THEOLOGICAL SEMINARY, INC.**Current Principal Place of Business:**1709 ST JOHNS BLUFF RD N
JACKSONVILLE, FL 32225**Current Mailing Address:**1709 ST JOHNS BLUFF RD N
JACKSONVILLE, FL 32225**FEI Number:** 59-3196863**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NAOMI, FABIENNE M.
7304 ELVIA DR
JACKSONVILLE, FL 32211 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:** FABIENNE M. NAOMI

04/05/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name NAOMI, FABIENNE M.
Address 7304 ELVIA DR
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name VICK, JAMES H II
Address PO BOX 350195
City-State-Zip: JACKSONVILLE FL 32235

Title DIRECTOR
Name DRAWDY, R. CLIFTON
Address 4676 BEALL SPRINGS RD.
City-State-Zip: GIBSON GA 30907

Title DIRECTOR
Name BRANDT, LEE
Address PO BOX 556
City-State-Zip: DARIEN GA 31305

Title DIRECTOR
Name SWINDLE, LILLIE
Address 1098 QUAILRUN COVE
City-State-Zip: MEMPHIS TN 38109

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: FABIENNE M. NAOMI

PRESIDENT

04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date