

2013 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-SMITH, FABIENNE
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name NAOMI-SMITH, FABIENNE
Address 7304 ELVIA DR
City-State-Zip: JACKSONVILLE FL 32211

Title D
Name BURCKLEY-FROST, MILDRED R
Address 2216 THOMAS LYNCH CT
City-State-Zip: ORANGE PARK FL 32073

Title D
Name KIRK, PAUL
Address P O BOX 65805
City-State-Zip: ORANGE PARK FL 32065

Title D
Name VICK, JAMES HII
Address PO BOX 350195
City-State-Zip: JACKSONVILLE FL 32235

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

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. FABIENNE NAOMI-SMITH

PRESIDENT

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date