

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706499

FILED
Apr 20, 2007
Secretary of State

Entity Name: THE BAPTIST COLLEGE OF FLORIDA, INC.

Current Principal Place of Business:

5400 COLLEGE DRIVE
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

5400 COLLEGE DRIVE
GRACEVILLE, FL 32440 US

New Mailing Address:

FEI Number: 59-0799893 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLOYD, POLLY K MRS
5400 COLLEGE DR
5400 COLLEGE DR
GRACEVILLE, FL 32440 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BEAUCHAMP, LUTHER MR
Address: P O BOX 10
City-St-Zip: CHIEFLAND, FL 32644 US

Title: PM () Delete
Name: KINCHEN, THOMAS A DR
Address: 5400 COLLEGE DRIVE
City-St-Zip: GRACEVILLE, FL 32440 US

Title: T () Delete
Name: HILD, WILLIAM
Address: P O BOX 3589
City-St-Zip: SARASOTA, FL 32430 US

Title: CD () Delete
Name: CONNER, CRAIG DR
Address: P O BOX 1200
City-St-Zip: PANAMA CITY, FL 32402 US

Title: T () Delete
Name: BAZER, LARRY DR
Address: 3301 BAIRY ROAD
City-St-Zip: MELBOURNE, FL 32904 US

Title: T () Delete
Name: FRISBIE, HANK REV
Address: 1825 EMERSON AVENUE
City-St-Zip: BARTOW, FL 33830 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: CONNER, CRAIG DR
Address: P O BOX 1200
City-St-Zip: PANAMA CITY, FL 32402 US

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

Title: ST (X) Change () Addition
Name: BEAUCHAMP, LUTHER DR
Address: P O BOX 10
City-St-Zip: CHIEFLAND, FL 32644 US

Title: T (X) Change () Addition
Name: TAYLOR, LARRY MR
Address: 1419 MOSSWOOD DRIVE
City-St-Zip: LEESBURG, FL 34748 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: POLLY K FLOYD

MRS

04/20/2007

Electronic Signature of Signing Officer or Director

Date