

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706499

FILED
Mar 09, 2010
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: CD
Name: GATES, HOWARD DR
Address: P O BOX 2199
City-St-Zip: FT WALTON BEACH, FL 32549 US

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

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

Title: T
Name: BURLEY, JOHN MR
Address: 9446 141ST LANE
City-St-Zip: LIVE OAK, FL 32060 US

Title: T
Name: BRIANT, WAYNE DR
Address: 2035 MAGNOLIA STREET
City-St-Zip: SARASOTA, FL 34239 US

Title: T
Name: CLEMMONS, TRACY DR
Address: 4784 COUNTRY LAKE DRIVE
City-St-Zip: MARIANNA, FL 32446 US

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: POLLY K FLOYD

RA

03/09/2010

Electronic Signature of Signing Officer or Director

Date