

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:14

DOCUMENT # 729858 (1)

1. Corporation Name

THE ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHES AND CHRISTIAN COMMUNITY COLLEGE, INCORPORATED

Principal Place of Business: 1761 ROYAL PALM AVENUE, SUITE 8, POST OFFICE BOX 147, FORT MYERS FL 33902
Mailing Address: P.O. BOX 147, FORT MYERS FL 33902-0147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/05/1974	3a. Date of Last Report 01/24/1994
4. FEI Number 23-7382156	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

HEIL, JOHN JAMES, REV., S.G.S.
1761 ROYAL PALM AVENUE, SUITE #8
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	THIBODEAU, KENNETH BOYD R
STREET ADDRESS	2840 GRAND AVENUE, STE 209
CITY- ST- ZIP	FORT MYERS FL
TITLE	VD
NAME	FOWLER, THOMAS JAMES R
STREET ADDRESS	2840 GRAND AVENUE, STE 209
CITY- ST- ZIP	FORT MYERS FL
TITLE	SD
NAME	EVEREST, GENE NANCY
STREET ADDRESS	2840 GRAND AVENUE, STE 209
CITY- ST- ZIP	FORT MYERS FL 33901-6155
TITLE	S
NAME	RIDDLE, LESIA MARY
STREET ADDRESS	2840 GRAND AVENUE, STE 209
CITY- ST- ZIP	FORT MYERS FL 33901-6155
TITLE	S
NAME	MILLER, EDNA ANN
STREET ADDRESS	2840 GRAND AVENUE, STE 209
CITY- ST- ZIP	FORT MYERS FL 33901-6155
TITLE	TD
NAME	PALMER, GEORGE DAVID I
STREET ADDRESS	2840 GRAND AVENUE, STE 209
CITY- ST- ZIP	FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GENE N. EVEREST, Secretary *Gene N. Everest*

01-17-95 (813) 334-9127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone