

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**97 MAR 26 PM 2:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729858 (1)**

1. Corporation Name  
**The Association of Independent Christian Churches and Christian Community College, Incorporated**

Principal Place of Business <b>1761 Royal Palm Ave. Suite 8 P O Box 147 Ft. Myers, FL 33902-0147</b>	Mailing Address <b>P O Box 147 Ft. Myers, FL 33902-0147</b>
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3. Date Incorporated or Qualified <b>06/05/1974</b>	3a. Date of Last Report <b>02/01/95</b>
4. FEI Number <b>23-7382156</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>XXX</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**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	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>P/D</b>	<input type="checkbox"/> DELETE
NAME <b>Thibodeau, Kenneth B. Rev. Dr.</b>	
STREET ADDRESS <b>2840 Grand Avenue, Suite 209</b>	
CITY-ST-ZIP <b>Fort Myers, FL 33901-6155</b>	<input type="checkbox"/> DELETE
TITLE <b>V/D</b>	<input type="checkbox"/> DELETE
NAME <b>Fowler, Thomas J., Jr., Rev. Dr.</b>	
STREET ADDRESS <b>Same address as above</b>	
CITY-ST-ZIP	
TITLE <b>p/d</b>	<input type="checkbox"/> DELETE
NAME <b>Everest, Gene Nancy</b>	
STREET ADDRESS <b>Same address as above</b>	
CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>Riddle, Lesia Mary</b>	
STREET ADDRESS <b>Same address as above</b>	
CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>Miller, Edna Ann</b>	
STREET ADDRESS <b>Same address as above</b>	
CITY-ST-ZIP	
TITLE <b>T/D</b>	<input type="checkbox"/> DELETE
NAME <b>Palmer, George David, III, Rev.</b>	
STREET ADDRESS <b>Same address as above</b>	
CITY-ST-ZIP	

**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	<b>100002127711--5</b>
2.3 STREET ADDRESS	<b>-03/28/97--01137--001</b>
2.4 CITY-ST-ZIP	<b>*****8.75 *****8.75</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>100002127711--5</b>
3.3 STREET ADDRESS	<b>-03/28/97--01137--002</b>
3.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 NANCY EVEREST, Secretary** *Gene Everest* **3/17/97** **(941) 418-0939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)