

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90006 003 *****70.00



NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729858

1. Corporation Name

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

Principal Place of Business

Mailing Address

1761 ROYAL PALM AVENUE, SUITE 8
 POST OFFICE BOX 147
 FORT MYERS FL 33902

P.O. BOX 147
 FORT MYERS FL 33902-0147



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/05/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				23-7382156	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country			
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIBODEAU, KENNETH BOYD R REV	1.2 NAME	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, THOMAS JAMES R REV	2.2 NAME	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVEREST, GENE NANCY	3.2 NAME	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, LESIA MARY	4.2 NAME	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EDNA ANN	5.2 NAME	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, III, GEORGE DAVID REV	6.2 NAME	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Gene N. Everest S/D 1/2/99 418-0939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)