	FILE	NOW: FILI	NG FEE IS \$61	25					
COF	ONPROFIT RPORATION UAL REPO 1996	ON A	FLORIDA DEPARI Sandra B. Secretary	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # 703717 (9)									
FLORI	DA BIBLE	COLLEGE, INCOR	PORATED				; 		VI 8.8% 8.8% 888 888
Principal Place of Business Mailing Address									{{
1701 S. POINCIANA BLVD. 1701 S. POINC KISSIMMEE FL 34758 KISSIMMEE FL US US									
							3. Date Incorporated or Qualified 03/14/1962		Last Report 27/1995
Principal Place of Business     2a. Mailing Address							4. FEI Number	0-7-	Applied For
1   9300   Pembroke Rd.   26   9300   Pemb   Suite, Apt. #, etc.   Suite, Apt. #, etc.				coke	Rd.		59-1061013		Not Applicable
27							5. Certificate of Status Desired		8.75 Additional Fee Required
City & State  City & State  Miramar, FL  Ref. City & State  Miramar,				FL			6. Election Campaign Financing	·	\$5.00 May Be
Zip	amar,	Country	Zip Miramar,	Coun			Trust Fund Contribution		Added to Fees
4 33025 25 USA 29 33025 30					1 of this corporation has liability for intanglate tax under \$, 199,032,				
	9. Name a	nd Address of Current	Registered Agent				10. Name and Address of New Reg	gistered Agen	ıt
W/OODDUDALOLAD						J	im Sheffeild		
WOODBURN CHAD 1701 S. POINCIANA BLVD					82 Street Arthur HP. Ck Box Number is Net Acceptable)				
KISSIMMEE FL 34758					33				-
•									
					Gity City		ramar	FL 85	33023
<ol> <li>Pursuant for register</li> </ol>	to the provisior red agent, or b	ns of Sections 617,0502 a oth, in the State of Florida	and 617.1508, Florida Statutes, t	he above	e-named co	porati	on submits this statement for the purpo	ose of changing	its registered office
	th, and accept	the obligations of, Section	n/6/1.0503 Norida grafutes.				or submits this statement for the purpor of directors. I hereby accept the appoin	ilineni as regis	tered agent. I am
SIGNATURE _	Signature, typed or	printed name of registered agent ar	nd title if expecte (NOTE: F		in Sh gent signature re			3-13	3-96
12.		OFFICERS AND	DIRECTORS	13.	<b>3</b>	orker on H	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE	C		<b>™</b> DELETE	1.1 TITL	E	C		Cha	
NAME	BOWER, I			1.2 NAM		no	best Jamdonne /T		
STREET ADDRESS DITY-ST-ZIP	MIMS FL	ILE POINT WAY			ET ADDRESS		38 Island Way	2222	_
TITLE	CCD		<b>∏</b> DELETE	2.1 TITUE	-ST-ZIP	VC	Lauderdale, FL		
NAME	HANNERS	S. EARL	CA OCCUPA	2.1 HAM		1	nil Henefield/T	☐ Cha	ange XAddition
STREET ADDRESS	478 MASI				ET ADDRESS		3351 NW 8 St.		
CITY-ST-ZIP	BROOKS	GA			1-ST-7IP		mbroke Pines, FL	33029	9
TILE	VC	. Fabi	₹ DELETE	3 1 TITLE	•	TS		Cha	
NAME	HANNERS			3.2 NAM			bert Brady/T		
STREET ADDRESS	CHARLOT	ITDALE COURT	,		ET ADDRESS		85 SW 33 St.		
DITY-ST-ZIP	VIIARLUI	IL NO		3.4 CITY	- ST- 7IP	- <b>-</b>	DE 00044		

DELETE TITLE 5.1 TITLE Change Addition MATTTHEWS, ROBERT E NAME 5.2 NAME 714 MILLPOND DRIVE STREET ADDRESS 5.3 STREET ADORESS SUGAR LANE TX CITY-ST-ZIP 5.4 CITY-ST-ZIP 10000176888dage -04/04/96--01014--030 \*\*\*61.25 DELETE TITLE 6.1 TITLE ☐ Addition MIRABELLA, ANTHONY J 62 NAME 125 OLDE OAK DR. STREET ADDRESS 6.3 STREET ADDRESS JONESBORO GA CITY-ST-ZIP 6.4 CITY-ST-ZIP

4.1 TITLE

4 2 NAME

4.3 STREET ADDRESS

4.4 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 cath; 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 changes, for en adjustment with an address.

SIGNATURE:

MITCHELL, GEORGE

KISSIMMEE, FL 00000

1746 TANGLEWOOD DRIVE

23

12.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

DELETE

Robert Cardonne

3-13-96

954-384-6261

Change

■ Addition

CR2E037 (12/95)