


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703717** (9)

1. Corporation Name

FLORIDA BIBLE COLLEGE, INCORPORATED

Principal Place of Business

Mailing Address

**9300 PEMBROKE RD.
MIRAMAR FL 33025
US**

**9300 PEMBROKE RD.
MIRAMAR FL 33025
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1962		3a. Date of Last Report 04/03/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1061013		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input 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	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPHERD, JIM
7097 KISMET ST.
MIRAMAR FL 33025**

81 Name	BRUCE L. HOLLANDER, ESQ.		
82 Street Address (P.O. Box Number is Not Acceptable)	901 South State Road 7, PH-C		
83 City	Hollywood		
84 Zip Code	FL	85	33023

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 *Bruce L. Hollander* **Bruce L. Hollander** **August 1, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDONNE, ROBERT	1.2 NAME	
STREET ADDRESS	1538 ISLAND WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	
TITLE	VCT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENEFIELD, PHIL	2.2 NAME	
STREET ADDRESS	10951 NW 8 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33020	2.4 CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, ROBERT	3.2 NAME	
STREET ADDRESS	5985 SW 33 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL 33314	3.4 CITY-ST-ZIP	
TITLE	D/S/T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILL, EVANS	4.2 NAME	
STREET ADDRESS	541 N. 70th Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33024	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

(954) 431-6376

CR2E037 (4/97)