

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 706499 (1)

1. Corporation Name

FLORIDA BAPTIST THEOLOGICAL COLLEGE, INC.



Principal Place of Business

Mailing Address

5400 COLLEGE DRIVE
GRACEVILLE FL 32440

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GRACEVILLE FL 32440

3. Date Incorporated or Qualified
12/03/1963

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. BOX 1306
Suite, Apt. #, etc.

4. FEI Number

59-0799893

Applied For
Not Applicable

22 City & State

27 City & State
28 GRACEVILLE, FL

5. Certificate of Status Desired XX

\$8.75 Additional Fee Required

23 Zip

Country

24 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes XX No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORDELL, JERRY L.
1098 8TH AVENUE
5400 COLLEGE DR
GRACEVILLE FL 32440

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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	D	<input type="checkbox"/> DELETE
NAME	HUDSON, TRAVIS W.	
STREET ADDRESS	3200 15TH STREET, EAST	
CITY - ST - ZIP	BRADENTON FL	
TITLE	PM	<input type="checkbox"/> DELETE
NAME	KINCHEN, THOMAS A	
STREET ADDRESS	5400 COLLEGE DRIVE	
CITY - ST - ZIP	GRACEVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DAVIS, CECIL L., JR.	
STREET ADDRESS	1906 TY TY CT.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GRAHAM, DONALD	
STREET ADDRESS	5368 EZELL ST.	
CITY - ST - ZIP	GRACEVILLE FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE XXX
NAME	DUNCAN, DR. DANIEL W.	
STREET ADDRESS	P.O. BOX 535	
CITY - ST - ZIP	BLOUNTSTOWN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GADD, BILLY G.	
STREET ADDRESS	1147 S.E. 14TH STREET	
CITY - ST - ZIP	OCALA FL	

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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	CD <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry L. Cordell
Jerry L. Cordell, V.P. for Business

1-31-96

Date

904-263-3261

Daytime Phone #

CR2E037 (12/95)

TRUSTEES

D

Dr. Craig Price
11045 Park Boulevard
Seminole, Fl 36442

D

Arthur L. McGehee (Lee)
Florida Dept. Law Enforcement
P.O. Box 1489
Tallahassee, FL 32302

D

Rev. Lee Sheppard
6009 Arlington Road
Jacksonville, FL 32211

D

Dr. Grace M. Manring
117 Dell Road
Ft. Walton Beach, FL 32541

D

M/Gen. B Fred Starr
102 Bahia Vista Drive
Niceville, FL 32578

D

Mr. Lester Maples
9300 Lake Forest Drive
Youngstown, FL 32466

VD

Dr.F. Denton Sumrall
1201 Wilson Ave
Pensacola, FL 32507

D

Rev. Jorge L. Acevedo
4050 Lake Washington Rd
Melbourne, FL 32935

D

Rev. Mike Tier
3360 Primrose Lane
Mims, FL 32754

D

Luther Beauchamp
P.O. Bod 10
Chiefland, FL 32626

D

Dr. Fritz Fountain
P.O. Box 897
Cross City, FL 32628

D

Rev. C. Howard Browning
5705 Lily Drive
Panama City, FL 32404

D

Rev. Byron J. Hendry
1411 Lake Trafford Road
Immokalee, FL 33834

D

Mrs Fran Carlton
1250 Henry Balch Drive
Orlando, FL 32810

D

Rev. William L. Hinds
20 NW 46th Avenue
Plantation, FL 33317

D

Dr. Gary Crawford
4039 Newberry Road
Gainesville, FL 32607

D

Dr. Edgar N. Lockett
881 Arredondo Avenue
Lake City, FL 32055

D

H. Jefferson Davis, Jr (Jeff)
RR 2 Box 188 B
Quincy, FL 32351

TRUSTEES (CONTINUED)

D

Dr. James H. Deas, Jr. (Jimmy)
947 Liberty St.
Live Oak, FL 32060

D

Mr. Rafael de Armas
4630 South Fairway Drive
Punta Gorda, FL 33982

D

Dr. Randel Everett
500 North Palafox
Pensacola, FL 32501