

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 706499**

1. Corporation Name FLORIDA BAPTIST THEOLOGICAL COLLEGE, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90219 042 ****70.00

Principal Place of Business Mailing Address							
5400 COLLEGE DRIVE GRACEVILLE FL 32440		P.O. BOX 1306 GRACEVILLE FL 32440 US					
Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed		
21		26 5400 College Drive			12/03/1963		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number 59-0799893	-	oplied For
22		27			39-0/99093		lot Applicable
City & State	e	City & State			5. Certificate of Status Desired	¥	Additional Required
Zin Country		Zip Country			6. Election Campaign Financing		May Be
Zip	_ ′	<u> </u>	USA		Trust Fund Contribution	,	to Fees
24	9. Name and Address of Current		USA		10. Name and Address of New Regis		
	- Hame and Address of Curren	. Itagiate as Agent	81	Name			
CORDELL SERRY I				60	-t(D.C. B N in Not Assessable)		
CORDELL, JERRY L.			82	Street A	ddress (P.O. Box Number is Not Acceptable)		f
1098 8TH AVENUE			83		· · · · · · · · · · · · · · · · · · ·		
5400 COLLEGE DR GRACEVILLE FL 32440			0.4	0"		85 Zip	Code
GFVACEVIL	LE FE 32440		84	City	-	FL S	
office or nagent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligated agents agreement the state of the stat	of Florida. Such change was author tions of, Section 617.0503, Florida S	Statutes	tne corpoi		ÀTE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	∑ XDELETE	1.1 TITLE		ST	Change	Addition
NAME	HUDSON, TRAVIS W.		1.2 NAME		White, Linda		1
STREET ADDRESS	3200 15TH STREET, EAST		1.3 STREET	ADDRESS	120 Cleveland Ave NE		1
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-S	T-ZIP	_Lake_Placid, FL	☐ Change	Addition
TITLE	PM		2.1 TITLE		·	[_] Criange	, DAGGGG
NAME	KINCHEN, THOMAS A		2.2 NAME		2 -		į
STREET ADDRESS	5400 COLLEGE DRIVE			ADDRESS			
CITY-ST-ZIP			2. 4 CFTY-5 3.1 TITLE	T-ZiP		☐ Change	Addition
TITLE			3.2 NAME		,		_
NAME STREET ADDRESS	ACCION CONTOC D			T ADDRESS			
***************************************	2014 GRITTER ATE		3.4. CITY-5	•			
CITY-ST-ZIP TITLE			4.1 TITLE			☐ Change	Addition
NAME	DEAS, JIMMY D		4. 2 NAME		•		
STREET ADDRESS	920 11TH ST SW		4.3 STREE	TADDRESS	•		
CITY-ST-ZIP	LIVE OAK FL 32060-3604		4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE		T,	☐ Change	a X∑XAddition
NAME	BROWNING, C. HOWARD				Gandy, Eddie		
STREET ADDRESS	5705 LILY DR	IT UN		TADORESS	905 NW Santa FE Blvd		
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-S	T-ZIP	High Springs, FL		
TITLE	Τ		6.1 TITLE	1		☐ Change	Addition
NAME	CARLTON, FRAN		6.2 NAME				
STREET ADDRESS	1250 HENRY BALCH DR	1	6.3 STREE	TADDRESS		•	i

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.

6.4 CITY-ST-ZIP

SIGNATURE:

Business Affairs

850-263-3261 1/11/99

ORLANDO FL