

FILE NOW: FILING FEE IS \$61.25

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

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

0010422

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 706499

1. Corporation Name
FLORIDA BAPTIST THEOLOGICAL COLLEGE, INC.

Principal Place of Business
 5400 COLLEGE DRIVE
 GRACEVILLE FL 32440

Mailing Address
 P.O. BOX 1306
 GRACEVILLE FL 32440
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	5400 College Drive	12/03/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0799893	
City & State		City & State		Applied For	
23		28	Graceville FL	Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29	32440	X \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30	USA	Trust Fund Contribution	
				X \$5.00 May Be Added to Fees	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUDSON, TRAVIS W.			1.2 NAME	White, Linda		
STREET ADDRESS	3200 15TH STREET, EAST			1.3 STREET ADDRESS	120 Cleveland Ave NE		
CITY-ST-ZIP	BRADENTON FL			1.4 CITY-ST-ZIP	Lake Placid, FL		
TITLE	PM	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINCHEN, THOMAS A			2.2 NAME			
STREET ADDRESS	5400 COLLEGE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	GRACEVILLE FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ACEVEDO, JORGE L			3.2 NAME			
STREET ADDRESS	2014 GARNER AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			3.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEAS, JIMMY D			4.2 NAME			
STREET ADDRESS	920 11TH ST SW			4.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060-3604			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWNING, C. HOWARD			5.2 NAME	Gandy, Eddie		
STREET ADDRESS	5705 LILY DR			5.3 STREET ADDRESS	905 NW Santa FE Blvd		
CITY-ST-ZIP	PANAMA CITY FL			5.4 CITY-ST-ZIP	High Springs, FL		
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLTON, FRAN			6.2 NAME			
STREET ADDRESS	1250 HENRY BALCH DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			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: *Jerry L. Cordell* **SIGNATURE REQUIRED** 1/11/99 850-263-3261 X 417
 Jerry L. Cordell Vice-President for Business Affairs Date Daytime Phone #

CR2E037 (1/198)