2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 706499 Apr 22, 2000 8:00 am Secretary of State FLORIDA BAPTIST THEOLOGICAL COLLEGE, INC. 04-22-2000 90063 026 \*\*\*158.75 Principal Place of Business Mailing Address 5400 College Drive 5400 College Drive Graceville, EL 32440 Graceville, FL 32440 2616000 2. Principal Place of Business 3. Mailing Address 5400 College Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Graceville, FL 59-0799893 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Cordell, Jerry L Street Address (P.O. Box Number is Not Acceptable) 1098 8th Avenue 5400 College Drive Graceville, FL 32440 Zip Code City F٤ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99 ☐ Delete PM TITLE Worley, Doug NAME Kinchen, Thomas A NAME 6102 Willard Norris Road STREET ADDRESS STREET ADDRESS 5400 College Dr. Milton, FL 32570 CITY-ST-ZIP CITY-ST-ZIP Graceville, FL 32440 Change ☐ Addition TITLE ☐ Delete NAME NAME Gandy, Eddie STREET ADDRESS STREET ADDRESS 905 NW Santa Fe Blvd CITY-ST-ZIP CITY-ST-ZIP High Springs, FL 32643 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Acevedo, Jorge L. STREET ADDRESS STREET ADDRESS 2014 Garner Ave Melbourne, FL 32935-3935 CITY-ST-ZIP CITY-ST-7IP Т ☐ Addition Change ☐ Delete TITLE NAME Deas, Jimmy D NAME STREET ADDRESS STREET ADDRESS 920 11th St. Southwest CITY-ST-ZIP CITY-ST-ZIP Live Oak, FL 32060-3604 Change Addition ☐ Delete TITLE TITLE ST NAME White, Linda STREET ADDRESS STREET ADDRESS 1910 Orange Blossom Ave. CITY-ST-ZIP CITY-ST-7IP Sebring, FL 33870 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME Carlton, Fran STREET ADDRESS STREET ADDRESS 1250 Henry Balch Dr. CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other-like empowered. SIGNATURE: 4/14/00