

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90063 026 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 706499

1. Entity Name

FLORIDA BAPTIST THEOLOGICAL COLLEGE, INC.

Principal Place of Business

Mailing Address

5400 College Drive
 Graceville, FL 32440

5400 College Drive
 Graceville, FL 32440

2. Principal Place of Business

3. Mailing Address

5400 College Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Graceville, FL

4. FEI Number

59-0799893

Applied For

Not Applicable

Zip

Country

Zip

Country

32440

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Cordell, Jerry L
 1098 8th Avenue
 5400 College Drive
 Graceville, FL 32440

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PM	<input type="checkbox"/> Delete
NAME	Kinchen, Thomas A	
STREET ADDRESS	5400 College Dr.	
CITY-ST-ZIP	Graceville, FL 32440	
TITLE	T	<input type="checkbox"/> Delete
NAME	Gandy, Eddie	
STREET ADDRESS	905 NW Santa Fe Blvd	
CITY-ST-ZIP	High Springs, FL 32643	
TITLE	T	<input type="checkbox"/> Delete
NAME	Acevedo, Jorge L.	
STREET ADDRESS	2014 Garner Ave	
CITY-ST-ZIP	Melbourne, FL 32935-3935	
TITLE	CD	<input type="checkbox"/> Delete
NAME	Deas, Jimmy D	
STREET ADDRESS	920 11th St. Southwest	
CITY-ST-ZIP	Live Oak, FL 32060-3604	
TITLE	ST	<input type="checkbox"/> Delete
NAME	White, Linda	
STREET ADDRESS	1910 Orange Blossom Ave.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	T	<input type="checkbox"/> Delete
NAME	Carlton, Fran	
STREET ADDRESS	1250 Henry Balch Dr.	
CITY-ST-ZIP	Orlando, FL	

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Worley, Doug	
STREET ADDRESS	6102 Willard Norris Road	
CITY-ST-ZIP	Milton, FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Jerry L. Cordell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

(850) 263-3261 x417

Daytime Phone #

CR2E034 (9/99)