

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 08:00 AM
Secretary of State

DOCUMENT # 706499

1. Entity Name
THE BAPTIST COLLEGE OF FLORIDA, INC.

Principal Place of Business 5400 COLLEGE DRIVE GRACEVILLE FL 32440	Mailing Address 5400 COLLEGE DRIVE GRACEVILLE US FL 32440
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-0799893

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name CORDELL JERRY LMR
Street Address (P.O. Box Number is Not Acceptable) 1098 8TH AVENUE
5400 COLLEGE DR
City FL Zip Code 32440

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 **JERRY L. CORDELL** DATE **05/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARLTON FRAN 1250 HENRY BALCH DR ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GANDY EDDIE 905 WN.W. SANTA FE BLVD HIGH SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEAS JIMMY D 920 11TH ST SW LIVE OAK FL 320603604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACEVEDO JORGE L 2014 GARNER AVE MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM KINCHEN, THOMAS A 5400 COLLEGE DRIVE GRACEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITE LINDA 120 CLEVELAND AVE NE LAKE PLACID FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WORLEY DOUG DR 6102 WILLARD NORRIS ROAD MILTON FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEAS JIMMY D 920 11TH ST SW LIVE OAK FL 320603604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR LARRY P O BOX 490208 LEESBURG FL 34749	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM KINCHEN THOMAS ADR 5400 COLLEGE DRIVE GRACEVILLE FL 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOMLINSON BARBARA MRS 8137 GLENMORE DRIVE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JERRY L. CORDELL** MR 05/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)