2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706499

FILED May 04, 2004 Secretary of State

Entity Name: THE BAPTIST COLLEGE OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 5400 COLLEGE DRIVE GRACEVILLE, FL 32440 **Current Mailing Address: New Mailing Address:** 5400 COLLEGE DRIVE GRACEVILLE, FL 32440 US FEI Number: 59-0799893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORDELL, JERRY L MR FLOYD, POLLY K MRS 1098 8TH ÁVENUE 5400 COLLEGE DR 5400 COLLEGE DR 5400 COLLEGE DR GRACEVILLE, FL 32440 US GRACEVILLE, FL 32440 US 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: POLLY K. FLOYD 05/04/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TOMLINSON, BARBARA MRS Name: Name: 8137 GLENMORE DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: Title: () Delete Title: () Change () Addition KINCHEN, THOMAS A DR Name: Name: Address: 5400 COLLEGE DRIVE Address: City-St-Zip: GRACEVILLE, FL 32440 US City-St-Zip: Title: () Delete Title: () Change () Addition TAYLOR, LARRY Name: Name: P O BOX 490208 Address: Address: City-St-Zip: LEESBURG, FL 34749 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: DANIEL, NIXON III Name: CONNER, CRAIG Address: P O BOX 12950 Address: P O BOX 1200 City-St-Zip: PENSACOLA, FL 32576 US City-St-Zip: PANAMA CITY, FL 32402 US Title: () Delete Title: CD (X) Change () Addition GANDY, EDDIE FLOYD, BILL Name: Name: 905 WN.W. SANTA FE BLVD 207 NE 2ND STREET Address: Address: City-St-Zip: HIGH SPRINGS, FL City-St-Zip: JASPER, FL 32052 Title: () Delete Title: (X) Change () Addition JOHNSON, GARY BAZER, LARRY Name: Name: Address: 4351 SILVER LAKE DRIVE Address: 7701 SW 98TH ST MIAMI, FL 33156 US MELBOURNE, FL 32901 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A KINCHEN PM 05/04/2004