

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706499

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: THE BAPTIST COLLEGE OF FLORIDA, INC.

**Current Principal Place of Business:**

5400 COLLEGE DRIVE  
GRACEVILLE, FL 32440

**New Principal Place of Business:**

**Current Mailing Address:**

5400 COLLEGE DRIVE  
GRACEVILLE, FL 32440 US

**New Mailing Address:**

FEI Number: 59-0799893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FLOYD, POLLY K MRS  
5400 COLLEGE DR  
5400 COLLEGE DR  
GRACEVILLE, FL 32440 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: TAYLOR, LARRY MR  
Address: 1419 MOSSWOOD DRIVE  
City-St-Zip: LEESBURG, FL 34748 US

Title: PM ( ) Delete  
Name: KINCHEN, THOMAS A DR  
Address: 5400 COLLEGE DRIVE  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: ST ( ) Delete  
Name: BEAUCHAMP, LUTHER MR  
Address: P O BOX 10  
City-St-Zip: CHIEFLAND, FL 32644 US

Title: T ( ) Delete  
Name: BURLEY, JOHN MR  
Address: 9446 141ST LANE  
City-St-Zip: LIVE OAK, FL 32060 US

Title: T ( ) Delete  
Name: HOWARD, GATES DR  
Address: P O BOX 2199  
City-St-Zip: FT WALTON BEACH, FL 32549 US

Title: T ( ) Delete  
Name: FRISBIE, HANK REV  
Address: 1825 EMERSON AVENUE  
City-St-Zip: BARTOW, FL 33830 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: TAYLOR, LARRY MR  
Address: 30612 SUNNYRIDGE CT  
City-St-Zip: LEESBURG, FL 34748 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BRIANT, WAYNE DR  
Address: 2035 MAGNOLIA STREET  
City-St-Zip: SARASOTA, FL 34239 US

Title: T (X) Change ( ) Addition  
Name: GATES, HOWARD DR  
Address: P O BOX 2199  
City-St-Zip: FT WALTON BEACH, FL 32549 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: POLLY K FLOYD

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MRS

03/19/2009

\_\_\_\_\_ Date