

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 706499

FILED
Mar 04, 2003
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:

CORDELL, JERRY L MR
1098 8TH AVENUE
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: ST () Delete
Name: TOMLINSON, BARBARA MRS
Address: 8137 GLENMORE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

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

Title: T () Delete
Name: TAYLOR, LARRY
Address: P O BOX 490208
City-St-Zip: LEESBURG, FL 34749 US

Title: T () Delete
Name: DANIEL, NIXON III
Address: P O BOX 12950
City-St-Zip: PENSACOLA, FL 32576 US

Title: CD () Delete
Name: GANDY, EDDIE
Address: 905 WN.W. SANTA FE BLVD
City-St-Zip: HIGH SPRINGS, FL

Title: T () Delete
Name: WORLEY, DOUG DR
Address: 6102 WILLARD NORRIS ROAD
City-St-Zip: MILTON, FL 32570 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: BAZER, LARRY
Address: 4351 SILVER LAKE DRIVE
City-St-Zip: MELBOURNE, FL 32901 US

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

DR

03/04/2003

Electronic Signature of Signing Officer or Director

_____ Date