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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 4:20

CORPORATION
ANNUAL REPORT
1995



SECRETARY OF STATE
Sandra W. Moshier
Secretary of the
DIVISION OF CORPORATIONS

DOCUMENT # 718333 (8)

1. **Spurgeon Baptist Bible College, Inc.**

Principal Place of Business: 4440 SPURGEON DRIVE, MULBERRY FL 33860-9531, US
Mailing Address: 4440 SPURGEON DRIVE, MULBERRY FL 33860-9531, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1970
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1359846
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip, Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip, Country
24 Zip, Country; 25 Zip, Country; 29 Zip, Country; 30 Zip, Country

9. Name and Address of Current Registered Agent
OLSEN, DONALD R
3515 LARK LANE
MULBERRY 33860

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LONT, WALLACE D
STREET ADDRESS	104 STEVENSON RD.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	CD
NAME	OLSEN, DONALD
STREET ADDRESS	3515 LARK LN.
CITY - ST - ZIP	MULBERRY FL
TITLE	VCD
NAME	GOLDEN, DALE
STREET ADDRESS	427 SILVER HILL
CITY - ST - ZIP	VALRICO FL
TITLE	TD
NAME	SPURLOCK, GEORGE
STREET ADDRESS	1160 RUSTIC ESTATES DR
CITY - ST - ZIP	LAKELAND FL
TITLE	SD
NAME	PATTERSON, HUGH
STREET ADDRESS	2953 OXFORD
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LONT, WALLACE E.	
1.3 STREET ADDRESS	104 STEVENSON RD.	
1.4 CITY - ST - ZIP	WINTER HAVEN, FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wallace Lont Wallace Lont 2-22-95 (813) 425-3429
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR