

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **718333** (8)

1. Corporation Name

**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**

3. Date Incorporated or Qualified  
**03/10/1970**

3a. Date of Last Report  
**02/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1359846**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLSEN, DONALD R  
3515 LARK LANE  
MULBERRY 33860**

81 Name

**Golden, Dale**

82 Street Address (P.O. Box Number is Not Acceptable)

**427 Silverhill Drive**

83

84 City

**Valrico**

FL

85 Zip Code

**33594**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE

**Dale Golden**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**April 2, 1996**

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>LONT, WALLACE E</b>	
STREET ADDRESS	<b>104 STEVENSON RD.</b>	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	<b>OLSEN, DONALD</b>	
STREET ADDRESS	<b>3515 LARK LN.</b>	
CITY - ST - ZIP	<b>MULBERRY FL</b>	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDEN, DALE</b>	
STREET ADDRESS	<b>427 SILVER HILL</b>	
CITY - ST - ZIP	<b>VALRICO FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>SPURLOCK, GEORGE</b>	
STREET ADDRESS	<b>1160 RUSTIC ESTATES DR</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>PATTERSON, HUGH</b>	
STREET ADDRESS	<b>2953 OXFORD</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Chairman Board of Directors</b>
23 STREET ADDRESS	<b>Golden, Dale</b>
24 CITY - ST - ZIP	<b>427 Silverhill Drive</b>
31 TITLE	<b>VCD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Vice Chairman</b>
33 STREET ADDRESS	<b>Cuthbertson, Gordon</b>
34 CITY - ST - ZIP	<b>3815 Bent Tree Loop West</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Secretary</b>
53 STREET ADDRESS	<b>Roth, Lee</b>
54 CITY - ST - ZIP	<b>3625 Bridgefield Drive</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	<b>200001790022</b>
64 CITY - ST - ZIP	<b>-04/23/96--01028--031</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 2, 1996**

Date

**941 425-3429**

Daytime Phone

CR2E037 (12/95)