

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

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

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

10. Name and Address of New Registered Agent
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 617.1506, 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) April 2, 1996 (Date)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LONT, WALLACE E	
STREET ADDRESS	104 STEVENSON RD.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	OLSEN, DONALD	
STREET ADDRESS	3515 LARK LN.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDEN, DALE	
STREET ADDRESS	427 SILVER HILL	
CITY-ST-ZIP	VALRICO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPURLOCK, GEORGE	
STREET ADDRESS	1160 RUSTIC ESTATES DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, HUGH	
STREET ADDRESS	2953 OXFORD	
CITY-ST-ZIP	LAKELAND FL	
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	CD Chairman Board of Directors <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Golden, Dale
23 STREET ADDRESS	427 Silverhill Drive
24 CITY-ST-ZIP	Valrico, FL 33594
31 TITLE	VCD Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Cuthbertson, Gordon
33 STREET ADDRESS	3815 Bent Tree Loop West
34 CITY-ST-ZIP	Lakeland, FL 33803
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	SD Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Roth, Lee
53 STREET ADDRESS	3625 Bridgefield Drive
54 CITY-ST-ZIP	Lakeland, FL 33803
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	20000 1790022
64 CITY-ST-ZIP	-04/23/96--01028--031

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) April 2, 1996 (Date) 941 425-3429 (Daytime Phone #)

CR2E037 (12/95)