

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718333 (8)**

1. Corporation Name  
**SPURGEON BAPTIST BIBLE COLLEGE, INC.**



Principal Place of Business <b>4440 SPURGEON DRIVE MULBERRY FL 33860-9531 US</b>	Mailing Address <b>4440 SPURGEON DRIVE MULBERRY FL 33860-8483 US</b>
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3. Date Incorporated or Qualified <b>03/10/1970</b>	3a. Date of Last Report <b>04/22/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-1359846</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOLDEN, DALE  
427 SILVERHILL DRIVE  
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when relistings) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input checked="" 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	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDEN, DALE</b>	
STREET ADDRESS	<b>427 SILVERHILL DRIVE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> DELETE
NAME	<b>CUTHBERTSON, GORDON</b>	
STREET ADDRESS	<b>3815 BENT TREE LOOP WEST</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>TD</b>	<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	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTH, LEE</b>	
STREET ADDRESS	<b>3625 BRIDGEFIELD DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Frank Hartwig</b>	
1.3 STREET ADDRESS	<b>4380 Spurgeon Drive</b>	
1.4 CITY-ST-ZIP	<b>Mulberry, FL 33860</b>	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frank Hartwig* **3/7/97** 941-4253429  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **0054093**

CR2E037 (9/96)