

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4440 SPURGEON DRIVE MULBERRY FL 33860-9531 US	Mailing Address 4440 SPURGEON DRIVE MULBERRY FL 33860-8483 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 03/10/1970	3a. Date of Last Report 04/22/1996
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4. FEI Number 59-1359846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 relistening) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LONT, WALLACE E	
STREET ADDRESS	104 STEVENSON RD.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GOLDEN, DALE	
STREET ADDRESS	427 SILVERHILL DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CUTHBERTSON, GORDON	
STREET ADDRESS	3815 BENT TREE LOOP WEST	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPURLOCK, GEORGE	
STREET ADDRESS	1160 RUSTIC ESTATES DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROTH, LEE	
STREET ADDRESS	3625 BRIDGEFIELD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frank Hartwig	
1.3 STREET ADDRESS	4380 Spurgeon Drive	
1.4 CITY-ST-ZIP	Mulberry, FL 33860	
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)