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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90236 002 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718333**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/10/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1359846	
24 Country		29 Country		30 Country	
25 Country		29 Country		30 Country	
24 Country		29 Country		30 Country	

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	Tim Conboy		
82 Street Address (P.O. Box Number is Not Acceptable)	2609 Shadywood Place		
83 City	Lakeland, FL 33810		
84 City	FL	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

*Tim Conboy*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	HARTWIG, FRANK	1.2 NAME	Ted Morter
STREET ADDRESS	4380 SPURGEON DR.	1.3 STREET ADDRESS	4360 Spurgeon Dr.
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	CD	2.1 TITLE	Chairmn, Bd of Dir.
NAME	GOLDEN, DALE	2.2 NAME	Tim Conboy
STREET ADDRESS	427 SILVERHILL DRIVE	2.3 STREET ADDRESS	2609 Shadywood Place
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	Lakeland, FL 33810
TITLE	VCD	3.1 TITLE	V.Chairmn, Bd of Dir.
NAME	CUTHBERTSON, GORDON	3.2 NAME	
STREET ADDRESS	3815 BENT TREE LOOP WEST	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	Treasurer
NAME	SPURLOCK, GEORGE	4.2 NAME	
STREET ADDRESS	1160 RUSTIC ESTATES DR	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	Secretary
NAME	ROTH, LEE	5.2 NAME	Aylett, Bruce
STREET ADDRESS	3625 BRIDGEFIELD DRIVE	5.3 STREET ADDRESS	5715 Yates Road
CITY-ST-ZIP	LAKELAND FL 33803	5.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*George Spurlock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/99

CR2E037 (11/98)