


FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>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
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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	3. Date Incorporated or Qualified 03/10/1970	4. FEI Number 59-1359846	Applied For 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		

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 DATE 2-25-99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HARTWIG, FRANK	
STREET ADDRESS	4380 SPURGEON DR.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	CD	<input checked="" 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 checked="" 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	Ted Morter	
1.3 STREET ADDRESS	4360 Spurgeon Dr.	
1.4 CITY-ST-ZIP	Mulberry FL 33860	
2.1 TITLE	Chairmn, Bd of Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tim Conboy	
2.3 STREET ADDRESS	2609 Shadywood Place	
2.4 CITY-ST-ZIP	Lakeland, FL 33810	
3.1 TITLE	V.Chairmn, Bd of Dir.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	SAME	
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	SAME	
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Aylett, Bruce	
5.3 STREET ADDRESS	5715 Yates Road	
5.4 CITY-ST-ZIP	Lakeland, FL 33811	
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 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: [Signature] DATE: 2/25/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)