

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0082644

DOCUMENT # 718333

1. Entity Name

SPURGEON BAPTIST BIBLE COLLEGE, INC.

04-15-2002 90013 007 ****61.25

Principal Place of Business

Mailing Address

**4440 SPURGEON DRIVE
 MULBERRY FL 33860-9531
 US**

**4440 SPURGEON DRIVE
 MULBERRY FL 33860-9531
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1359846

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONBOY, TIM
 2609 SHADYWOOD PL
 LAKELAND FL 33810**

Name **BRUCE AYLETT**

Street Address (P.O. Box Number is Not Acceptable)

173 STEEPLE CHASE RD

City

SANFORD

FL

Zip Code

32771

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

BRUCE AYLETT

CHAIRMAN OF BOARD OF DIRECTORS

2-12-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MORTER, TED	4360 SPURGEON DR	MULBERRY FL 33860	<input type="checkbox"/>
CD	AYLETT, BRUCE	173 STEEPLE CHASE RD	SANFORD FL 32771	<input type="checkbox"/>
VCD	CUTHBERTSON, GORDON	3815 BENT TREE LOOP WEST	LAKELAND FL 33803	<input type="checkbox"/>
T	STEPHENS, MARVIN	1907 BAMBI CT	SEBRING FL 33872	<input type="checkbox"/>
SEC	EDGAR, JANET	2220 N COUNTY LOOP	LAKELAND FL 33811	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

BRUCE AYLETT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02
 Date

863-425-3429
 Daytime Phone #

CR2E037 (9/01)