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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED
MAY 1 STATE
OF CORPORATIONS

95 MAY -1 PM 12:57

DOCUMENT # 726377 (5)

1 Corporate Name

FLORIDA CHRISTIAN COLLEGE, INC.

Principal Place of Business	Mailing Address
1011 OSCEOLA BLVD KISSIMMEE FL 34744	1011 OSCEOLA BLVD KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1975

3a. Date of Last Report: 05/01/1994

4. FEI Number: 51-0173775 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 1011 BILL BECK BLVD
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 1011 BILL BECK BLVD
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOWEN, A. WAYNE 1801 CHERYL LN. KISSIMMEE FL 32743	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *

12. * OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LOWEN, A. WAYNE	12 NAME	
STREET ADDRESS	1801 CHERYL LN.	13 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	ASSISTANT TREASURER ☑ Change ☐ Addition
NAME	TISON, ROBERT	22 NAME	DAVID L. MC NEELY
STREET ADDRESS	12641 MISSION HILL CR	23 STREET ADDRESS	1536 ELMWOOD AVENUE
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	KISSIMMEE FL 34744
TITLE	TO	31 TITLE	☐ Change ☐ Addition
NAME	BURNAM, LAVON	32 NAME	
STREET ADDRESS	1235 LEMONWOOD RD.	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	ASD	41 TITLE	☐ Change ☐ Addition
NAME	DURBIN MARK	42 NAME	
STREET ADDRESS	1618 HENRY ST.	43 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL 34741	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David L McNeely 4-13-95

SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR

David L. McNeely

Date

417 891-8966

Daytime Phone #

0048082