


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 726377 (5) 1. Corporation Name FLORIDA CHRISTIAN COLLEGE, INC.					
Principal Place of Business 1011 BILL BECK BLVD. KISSIMMEE FL 34744 US			Mailing Address 1011 BILL BECK BLVD. KISSIMMEE FL 34744-4402 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 06/25/1975	
4. FEI Number 51-0173775		3a. Date of Last Report 04/01/1996		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		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LOWEN, A. WAYNE 1801 CHERYL LN. KISSIMMEE FL 32743			10. Name and Address of New Registered Agent 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 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 reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWEN, A. WAYNE		1.2 NAME	Cooper, Joseph	
STREET ADDRESS	1801 CHERYL LN.		1.3 STREET ADDRESS	2565 East Kaley Avenue	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE	AT	<input type="checkbox"/> DELETE	2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNEELY, DAVID L.		2.2 NAME	Eynon, Scott	
STREET ADDRESS	1536 ELMWOOD AVENUE		2.3 STREET ADDRESS	9590 N. W. 31st Place	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	TO	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNAM, LAVON		3.2 NAME		
STREET ADDRESS	1235 LEMONWOOD RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURBIN MARK		4.2 NAME		
STREET ADDRESS	1618 HENRY ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	200002107272	
STREET ADDRESS			5.3 STREET ADDRESS	-03/07/97--01005--049	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***61.25	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



CR2E037 (9/96)

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: *David L. McNeely* ASST. TREASURER 1/23/97 (407) 847-8966 Ed. 306
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070021