


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90054 014 ****70.00

DOCUMENT # 726377
 1. Entity Name
 FLORIDA CHRISTIAN COLLEGE, INC.



Principal Place of Business Mailing Address
 1011 BILL BECK BLVD. 1011 BILL BECK BLVD.
 KISSIMMEE, FL 34744 US KISSIMMEE, FL 34744 US

DO NOT WRITE IN THIS SPACE



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 51-0173775 Not Applicable

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

6. Name and Address of Current Registered Agent
 BEHRMAN, WILLIAM K
 1011 BILL BECK BLVD
 KISSIMMEE, FL 34744

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William K. Behrman William K. Behrman 2/15/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	BEHRMAN, WILLIAM K
STREET ADDRESS	1800 EVERGREEN CT.
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	T
NAME	BURNAM, LAVON
STREET ADDRESS	1235 LEMONWOOD ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	TR
NAME	ROBINSON, JAMES
STREET ADDRESS	5062 CARSON STREET
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	P
NAME	ARMSTRONG, HAROLD
STREET ADDRESS	5207 HAMMOCK POINTE COURT
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	TR
NAME	BOOK, JAMES
STREET ADDRESS	4826 STAHL COURT
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William K. Behrman 2/15/2008 407-847-8966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #