


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 1011 BILL BECK BLVD. KISSIMMEE, FL 34744 US	Mailing Address 1011 BILL BECK BLVD. KISSIMMEE, FL 34744 US
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0173775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEHRMAN, WILLIAM K 1011 BILL BECK BLVD KISSIMMEE, FL 34744	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BEHRMAN, WILLIAM K 1800 EVERGREEN CT. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNAM, LAVON 1235 LEMONWOOD ROAD JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROBINSON, JAMES 5062 CARSON STREET SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, HAROLD 5207 HAMMOCK POINTE COURT SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BOOK, JAMES 4826 STAHL COURT ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 #