

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729858

(1)

1. Corporation Name

THE ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHES
AND CHRISTIAN COMMUNITY COLLEGE, INCORPORATED

Principal Place of Business

1761 ROYAL PALM AVENUE, SUITE 8
POST OFFICE BOX 147
FORT MYERS FL 33902

Mailing Address

P.O. BOX 147
FORT MYERS FL 33902-0147



3. Date Incorporated or Qualified
06/05/1974

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
23-7382156

Applied For
Not Applicable

5. Certificate of Status Desired XXXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEIL, JOHN JAMES, REV., S.G.S.
1761 ROYAL PALM AVENUE, SUITE #8
FORT MYERS FL 33901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME THIBODEAU, KENNETH BOYD R
STREET ADDRESS 2840 GRAND AVENUE, STE 209
CITY-STATE-ZIP FORT MYERS FL

TITLE VD ☐ DELETE

NAME FOWLER, THOMAS JAMES R
STREET ADDRESS 2840 GRAND AVENUE, STE 208
CITY-STATE-ZIP FORT MYERS FL

TITLE SD ☐ DELETE

NAME EVEREST, GENE NANCY
STREET ADDRESS 2840 GRAND AVENUE, STE 209
CITY-STATE-ZIP FORT MYERS FL 33901-6155

TITLE S ☐ DELETE

NAME RIDDLE, LESIA MARY
STREET ADDRESS 2840 GRAND AVENUE, STE 209
CITY-STATE-ZIP FORT MYERS FL 33901-6155

TITLE S ☐ DELETE

NAME MILLER, EDNA ANN
STREET ADDRESS 2840 GRAND AVENUE, STE 209
CITY-STATE-ZIP FORT MYERS FL 33901-6155

TITLE TD ☐ DELETE

NAME PALMER, GEORGE DAVID I
STREET ADDRESS 2840 GRAND AVENUE, STE 209
CITY-STATE-ZIP FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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)(k), 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: (Mrs.) GENE N. EVEREST, S/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 JAN 1996

(941) 418-0936

Date

Daytime Phone #

CR2E037 (12/95)