

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAR 26 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729858

(1)

1. Corporation Name

The Association of Independent Christian Churches
and Christian Community College, Incorporated

Principal Place of Business

Mailing Address

1761 Royal Palm Ave.
Suite 8

P O Box 147
Ft. Myers, FL 33902-0147

P O Box 147

Ft. Myers, FL 33902-0147

3. Date Incorporated or Qualified

06/05/1974

3a. Date of Last Report

02/01/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

23-7382156

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

\$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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

NAME Thibodeau, Kenneth B. Rev. Dr.
STREET ADDRESS 2840 Grand Avenue, Suite 209
CITY-ST-ZIP Fort Myers, FL 33901-6155

TITLE V/D ☐ DELETE

NAME Fowler, Thomas J., Jr., Rev. Dr.
STREET ADDRESS Same address as above
CITY-ST-ZIP

TITLE P/D ☐ DELETE

NAME Everest, Gene Nancy
STREET ADDRESS Same address as above
CITY-ST-ZIP

TITLE S ☐ DELETE

NAME Riddle, Lesia Mary
STREET ADDRESS Same address as above
CITY-ST-ZIP

TITLE S ☐ DELETE

NAME Miller, Edna Ann
STREET ADDRESS Same address as above
CITY-ST-ZIP

TITLE T/D ☐ DELETE

NAME Palmer, George David, III, Rev.
STREET ADDRESS Same address as above
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

100002127711--5

-03/28/97--01137--001

*****8.75 *****8.75

☐ Change ☐ Addition

100002127711--5

-03/28/97--01137--002

*****61.25 *****61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: GENE NANCY EVEREST, Secretary *Gene Nancy Everest*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 418-0939

CR2E037 (9/96)