


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 20 1998 8:00am  
Secretary of State

|   |                               |  |  |
|---|-------------------------------|--|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>   |                               | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # <b>729858</b> (1)<br>1. Corporation Name<br><b>THE ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHES AND CHRISTIAN COMMUNITY COLLEGE, INCORPORATED</b>   |                               |  |  |
| Principal Place of Business<br><b>1761 ROYAL PALM AVENUE, SUITE 8<br/>POST OFFICE BOX 147<br/>FORT MYERS FL 33902</b>   |                               | Mailing Address<br><b>P.O. BOX 147<br/>FORT MYERS FL 33902-0147</b>  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |                               | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country   |  |
| 3. Date Incorporated or Qualified<br><b>06/05/1974</b>  |                               |  |  |
| 4. FEI Number<br><b>23-7382156</b>  |                               |  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> XXXX <b>\$8.75 Additional Fee Required</b>   |                               |  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |                               |  |  |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                               |  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                               |  |  |
| 9. Name and Address of Current Registered Agent<br><b>HEIL, JOHN JAMES, REV., S.G.S.<br/>1761 ROYAL PALM AVENUE, SUITE #8<br/>FORT MYERS FL 33901</b>   |                               | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 _____<br>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   | PD                            | 1.1 TITLE  | Dr Thibodeau, Kenneth BoydXXX Change <input type="checkbox"/> Addition |
| NAME  | THIBODEAU, KENNETH BOYD R REV | 1.2 NAME   |  |
| STREET ADDRESS  | 2840 GRAND AVENUE, STE 209    | 1.3 STREET ADDRESS   |  |
| CITY-ST-ZIP   | FORT MYERS FL 33901-6155      | 1.4 CITY-ST-ZIP  |  |
| TITLE   | VD                            | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME  | FOWLER, THOMAS JAMES R REV    | 2.2 NAME   |  |
| STREET ADDRESS  | 2840 GRAND AVENUE, STE 209    | 2.3 STREET ADDRESS   |  |
| CITY-ST-ZIP   | FORT MYERS FL 33901-6155      | 2.4 CITY-ST-ZIP  |  |
| TITLE   | SD                            | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME  | EVEREST, GENE NANCY           | 3.2 NAME   |  |
| STREET ADDRESS  | 2840 GRAND AVENUE, STE 209    | 3.3 STREET ADDRESS   |  |
| CITY-ST-ZIP   | FORT MYERS FL 33901-6155      | 3.4 CITY-ST-ZIP  |  |
| TITLE   | S                             | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME  | RIDDLE, LESIA MARY            | 4.2 NAME   |  |
| STREET ADDRESS  | 2840 GRAND AVENUE, STE 209    | 4.3 STREET ADDRESS   |  |
| CITY-ST-ZIP   | FORT MYERS FL 33901-6155      | 4.4 CITY-ST-ZIP  |  |
| TITLE   | S                             | 5.1 TITLE  | 80000024063008 Change <input type="checkbox"/> Addition                |
| NAME  | MILLER, EDNA ANN              | 5.2 NAME   | -01/21/98--01027--020  |
| STREET ADDRESS  | 2840 GRAND AVENUE, STE 209    | 5.3 STREET ADDRESS   | ***8.75  |
| CITY-ST-ZIP   | FORT MYERS FL 33901-6155      | 5.4 CITY-ST-ZIP  |  |
| TITLE   | TD                            | 6.1 TITLE  | 80000024063008 Change <input type="checkbox"/> Addition                |
| NAME  | PALMER, III, GEORGE DAVID REV | 6.2 NAME   | -01/21/98--01027--021  |
| STREET ADDRESS  | 2840 GRAND AVENUE, STE 209    | 6.3 STREET ADDRESS   | ***61.25   |
| CITY-ST-ZIP   | FORT MYERS FL 33901-6155      | 6.4 CITY-ST-ZIP  |  |

14. I 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: \_\_\_\_\_

06 JAN 1998

Gene Nancy Everest

(941) 418-0939

CR2E037 (1097)