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Jan 23, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729858

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/05/1974

4. FEI Number

23-7382156

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE
NAME	THIBODEAU, KENNETH BOYD R REV	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOWLER, THOMAS JAMES R REV	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EVEREST, GENE NANCY	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIDDLE, LESIA MARY	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, EDNA ANN	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PALMER, III, GEORGE DAVID REV	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Gene N. Everest S/D

1/2/99

418-0939

Date

Daytime Phone #

CR2E037 (11/98)