

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 766231 (5)
1. Corporation Name
BAPTIST FELLOWSHIP BIBLE COLLEGE OF TAMPA, INC.



Principal Place of Business % REVEREND GEORGE SADLER, JR. 505 EAST PALM AVE. TAMPA FL 33602	Mailing Address % REVEREND GEORGE SADLER, JR. 505 EAST PALM AVE. TAMPA FL 33602-2718
---	--

3. Date Incorporated or Qualified 12/21/1982	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 59-2347915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SADLER, GEORGE JR., REV
505 EAST PALM AVE.
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SADLER, GEORGE W.
STREET ADDRESS	505 E PALM AVE
CITY-ST-ZIP	TAMPA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JOHNSON, BEN
STREET ADDRESS	6602 NORTH 24TH STREET
CITY-ST-ZIP	TAMPA FL 33610
TITLE	TD <input type="checkbox"/> DELETE
NAME	MURRAY, MADISON
STREET ADDRESS	3507 N 35TH ST.
CITY-ST-ZIP	TAMPA FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	JOHNSON, OSCAR JR
STREET ADDRESS	2619 38TH AVE
CITY-ST-ZIP	TAMPA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SAUNDERS, JASPER P.
STREET ADDRESS	1710 ST. CONRAD
CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: G. W. Sadler, Jr. **GEORGE W. SADLER, JR.** President 4-30-97 813 223-4844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047010

CR2E037 (9/96)