

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 825227
1. Corporation Name
PHILADELPHIA COLLEGE OF BIBLE
300 MANOR AVE
LANGHORNE, PA 19047

Principal Place of Business
Mailing Address

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1970
3a. Date of Last Report: 1994

4. FEI Number: 70-0973790
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent
BAIRD, WILLIAM J.A. SAME AGENT
3333 N.E. 34TH ST
APT 701
FT. LAUDERDALE, FL 33308 NEW ADDRESS

10. Name and Address of New Registered Agent
81 Name: **BAIRD, WILLIAM J.A.**
82 Street Address (P.O. Box Number is Not Acceptable): **601 S.W. 6TH ST**
83 City, State, Zip: **APT EL317**
84 City, State, Zip: **FT. LAUDERDALE, FL 33308**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (PRINT Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABB, W. SHERRILL	12 NAME	WINFIELD H. KEMPF
STREET ADDRESS	300 MANOR AVE	13 STREET ADDRESS	300 MANOR AVE
CITY-ST-ZIP	LANGHORNE PA 19047	14 CITY-ST-ZIP	LANGHORNE PA 19047
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGHTBILL, EDGAR N	22 NAME	STEPHEN K. SMITH
STREET ADDRESS	300 MANOR AVE	23 STREET ADDRESS	300 MANOR AVE
CITY-ST-ZIP	LANGHORNE PA 19047	24 CITY-ST-ZIP	LANGHORNE PA 19047
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, WESLEY	32 NAME	
STREET ADDRESS	300 MANOR AVE	33 STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE, PA 19047	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALERS BARRY C	42 NAME	900001435963
STREET ADDRESS	300 MANOR AVE	43 STREET ADDRESS	-03/22/95 --01022--011
CITY-ST-ZIP	LANGHORNE, PA 19047	44 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAIGHN, KENNETH A	52 NAME	
STREET ADDRESS	300 MANOR AVE	53 STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE, PA 19047	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCULLOUGH, DONALD C	62 NAME	
STREET ADDRESS	300 MANOR AVE	63 STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE, PA 19047	64 CITY-ST-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 199.03(2)(b), 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 in the attachment with an address.

SIGNATURE **B. CHALERS** 1/20/95 (205) 753-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)