

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000010198	
1. Entity Name FLORIDA BAPTIST COLLEGE, INC	

Principal Place of Business 5121 KELLY ROAD TAMPA, FL 33615	Mailing Address 5121 KELLY ROAD TAMPA, FL 33615
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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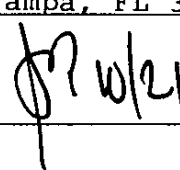
6. Name and Address of Current Registered Agent	7. Name and Address of Now Registered Agent
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TURNER, BRUCE E 5121 KELLY ROAD TAMPA, FL 33615	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

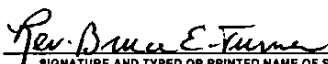
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, BRUCE E 7810 BAY DRIVE TAMPA, FL 33635 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600060695996 10/18/05--01009--012 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, JOHN M 8010 WOODVINE PLACE TAMPA, FL 33615 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D Ferguson, Jeff A 8017 Savannah Sunset Lane Tampa, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, JOHN W 15614 FARNSWORTH LANE TAMPA, FL 33624 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D Clayton, James 6801 Harbor View Way Tampa, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, JUSTIN L 7808 BAY DRIVE TAMPA, FL 33635 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D Nedd, Clyde 5128 Halifax Tampa, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  BRUCE E. TURNER	10/13/05	813 918-6265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

FILED
05 OCT 18 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10132005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For ☐	Not Applicable ☐
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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