2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000010198

1. Entity Name
FLORIDA BAPTIST COLLEGE, INC

Principal Place of Business	Mailing Address
5121 KELLY ROAD TAMPA, FL 33615-4725	5121 KELLY ROAD TAMPA, FL 33615-4725

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, BRUCE E
5121 KELLY ROAD
TAMPA, FL 33615-4725

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TURNER, BRUCE E
STREET ADDRESS	7810 BAY DRIVE
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	D
NAME	FERGUSON, JEFF A
STREET ADDRESS	7521 ABONADO ROAD
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	CLAYTON, JAMES
STREET ADDRESS	6801 HARBOR VIEW WAY
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	NEDD, CLYDE
STREET ADDRESS	7532 MEADOW DR.
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	LEWIS, AARON
STREET ADDRESS	6910 WILLIAMS DRIVE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80090-013 70.00

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rec Bruce E. Turner BRUCE E. TURNER 1/3/2007 813.884.3698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # X237