

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010198

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA BAPTIST COLLEGE, INC

Current Principal Place of Business:

5121 KELLY ROAD
TAMPA, FL 336154725

New Principal Place of Business:

Current Mailing Address:

5121 KELLY ROAD
TAMPA, FL 336154725

New Mailing Address:

FEI Number: 20-1478198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, BRUCE E
5121 KELLY ROAD
TAMPA, FL 336154725 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, BRUCE E
Address: 7810 BAY DRIVE
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: FERGUSON, JEFF A
Address: 7521 ABONADO ROAD
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: CLAYTON, JAMES
Address: 6801 HARBOR VIEW WAY
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: NEDD, CLYDE
Address: 7532 MEADOW DR.
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: LEWIS, AARON
Address: 6910 WILLIAMS DRIVE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE TURNER

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date