

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05953** (7)

1. Corporation Name
FIRST MISSIONARY BAPTIST CHURCH OF BELL, FLA. IN C.

Principal Place of Business Mailing Address
**HIGHWAY 129, MAIN ST
P.O. BOX 340
BELL FL 32619**

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt # etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 3a. Date of Last Report
10/29/1984 10/05/1994
4. FEI Number Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions \$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 alternative tax under § 149(f)(2) Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ZIMMERMAN, TERRY
RT. 2, BOX 2640
BELL FL 32619**

10. Name and Address of Now Registered Agent
81 Name **Larry Langston**
82 Street Address P.O. Box Number is Not Acceptable **Rt 1 Box 187**
83
84 City **Bell** FL 85 Zip Code **32614**

11. Pursuant to the provisions of Sections 607.060, 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 *Larry Langston*

5-10-95

12. OFFICERS AND DIRECTORS

12.1 TITLE	STD SANDERS, MARVIN
12.2 NAME	HIGHWAY 129 S. BELL FL
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.5 TITLE	PD YELVINGTON, JAMES R.
12.6 NAME	RT 1 BOX 57E, HWY 129 S BELL FL
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	VD SPEARS, WILLIE, JR.
12.10 NAME	RT 1 BOX 2691 HWY 129 N BELL FL
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. APPLICABLE TO CORPORATIONS INCORPORATED IN FLORIDA

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 Sections 149.071 and 149.071, Florida Statutes. I further certify that the information included 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 in person. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *James R. Yelvington*

5-10-95

463-6915

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE TELEPHONE NUMBER

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO6986 (6)
1. Corporation Name
FLORIDA CHRISTIAN COLLEGE FOUNDATION, INC.

Principal Place of Business 1011 OSCEOLA BLVD. KISSIMMEE FL 34744-4402	Mailing Address 1011 OSCEOLA BLVD. KISSIMMEE FL 34744-4402
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21. Principal Place of Business 1011 Bill Beck Blvd	22. Mailing Address 1011 Bill Beck Blvd.
23. City & State	24. City & State
25. Zip	26. Zip

APPROVED
FILED
MAY 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE

3. Date Incorporated or Qualified 01/08/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2497200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LOWEN, A. WAYNE
BILL BECK BLVD.
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL MANAGERS, OFFICERS AND DIRECTORS	
TITLE SD	NAME LOWEN, WAYNE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1011 BECK BLVD.	CITY, ST, ZIP KISSIMMEE FL	12. NAME	
		13. STREET ADDRESS	
		14. CITY, ST, ZIP	
TITLE TD	NAME JOHNSON, PAUL S.	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7977 GUN CAYAVE.	CITY, ST, ZIP ORLANDO FL 32822	16. NAME	
		17. STREET ADDRESS	
		18. CITY, ST, ZIP	
TITLE PO P. D.	NAME SMITH, FRED	19. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4924 SPRING GLEN RD	CITY, ST, ZIP JACKSONVILLE FL	20. NAME	
		21. STREET ADDRESS	
		22. CITY, ST, ZIP	
TITLE	NAME	23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	24. NAME	
		25. STREET ADDRESS	
		26. CITY, ST, ZIP	
TITLE	NAME	27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	28. NAME	
		29. STREET ADDRESS	
		30. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0502(4)(b) Florida Statutes. I further certify that the information included 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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: A. Wayne Lowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-3-96 407847 8966