2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N06986

1. Entity Name
FLORIDA CHRISTIAN COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1011 BILL BECK BLVD KISSIMMEE, FL 34744-4402 US	1011 BILL BECK BLVD KISSIMMEE, FL 34744-4402 US

02142008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2497200
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEHRMAN, WILLIAM K
1011 BILL BECK BLVD.
KISSIMMEE, FL 34744

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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 William K. Behrman William K. Behrman 2/15/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

U00000840627
03/06/08-80055-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BEHRMAN, WILLIAM K
STREET ADDRESS	1800 EVERGREEN COURT
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	V
NAME	MCNEELY, DAVID L
STREET ADDRESS	1536 ELMWOOD AVENUE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	DS
NAME	ARMSTRONG, HAROLD
STREET ADDRESS	5207 HAMMOCK POINTE COURT
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William K. Behrman William K. Behrman 2/15/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #