

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06986

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** FLORIDA CHRISTIAN COLLEGE FOUNDATION, INC.

**Current Principal Place of Business:**

1011 BILL BECK BLVD  
KISSIMMEE, FL 347444402 US

**New Principal Place of Business:**

**Current Mailing Address:**

1011 BILL BECK BLVD  
KISSIMMEE, FL 347444402 US

**New Mailing Address:**

**FEI Number:** 59-2497200      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BEHRMAN, WILLIAM K  
1011 BILL BECK BLVD.  
KISSIMMEE, FL 34744 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: TD ( ) Delete  
Name: BEHRMAN, WILLIAM K  
Address: 1800 EVERGREEN COURT  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: V ( ) Delete  
Name: MCNEELY, DAVID L  
Address: 1536 ELMWOOD AVENUE  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: DS ( ) Delete  
Name: ARMSTRONG, HAROLD  
Address: 5207 HAMMOCK POINTE COURT  
City-St-Zip: SAINT CLOUD, FL 34771 US

**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:

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: WILLIAM K. BEHRMAN

TD

05/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date