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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 9:36

DOCUMENT # N93000000240 (2)

1. Corporation Name
BAPTIST CHRISTIAN UNIVERSITY INTERNATIONAL OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
500 S SEMORAN BLVD SUITE 300 ORLANDO FL 32807 US
9336 RAVEN DELL ST SUITE 200 ORLANDO FL 32825 US

3. Date Incorporated or Qualified 01/14/1993
3a. Date of Last Report 05/01/1994
4. FBI Number 59-3156107 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 500 S. Semoran Blvd. 26 9336 Raven Dell St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Orlando, FL 28 Orlando, FL
Zip 32807 Country USA Zip 32825 Country USA
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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 intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SMITH, R S
9336 RAVEN DELL ST
ORLANDO FL 32825

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 *R. Smith* DATE Jun 30, 1995
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	SMITH, R S
STREET ADDRESS	9336 RAVEN DELL ST
CITY - ST - ZIP	ORLANDO FL
TITLE	DV
NAME	SMITH, RONALD F
STREET ADDRESS	609 STRATTON ST 2A
CITY - ST - ZIP	LOGAN WV
TITLE	DST
NAME	SMITH, ALICE J
STREET ADDRESS	9336 RAVEN DELL ST
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	FRANKS, JIMMY
STREET ADDRESS	500 S SEMORAN BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	JANNEY, DAVID A
STREET ADDRESS	1515 ENSENADA DR
CITY - ST - ZIP	ORLANDO FL 32825
TITLE	D
NAME	MARTIN, DAVID
STREET ADDRESS	1225 ROBERT FULTON HWY
CITY - ST - ZIP	QUARRYVILLE PA 17560

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	32825 Zip
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	415 1st Ave.
2.3 STREET ADDRESS	W. Logan, WV
2.4 CITY - ST - ZIP	25601
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	32825 Zip
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	32807 Zip
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Carlos Quintana
6.3 STREET ADDRESS	Drop 500 S. Semoran Blvd.
6.4 CITY - ST - ZIP	Orlando, FL 32807

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated 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 receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Ronald Stephen Smith* DATE 1-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \$ 86.25 fee DATE 407-273-6599