

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000240 (2)

1. Corporation Name

BAPTIST CHRISTIAN UNIVERSITY INTERNATIONAL OF ORLANDO, INC.

Principal Place of Business

Mailing Address

500 S SEMORAN BLVD
~~SUITE 200~~
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

06/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3156107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, R S
9336 RAVEN DELL ST
ORLANDO FL 32825

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SMITH, R S
STREET ADDRESS 9336 RAVEN DELL ST
CITY-ST-ZIP ORLANDO FL 32825 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME SMITH, RONALD F
STREET ADDRESS 415 1ST AVE
CITY-ST-ZIP LOGAN WV ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DST
NAME SMITH, ALICE J
STREET ADDRESS 9336 RAVEN DELL ST
CITY-ST-ZIP ORLANDO FL 32825 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME FRANKS, JIMMY
STREET ADDRESS 500 S SEMORAN BLVD
CITY-ST-ZIP ORLANDO FL ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME JANNEY, DAVID A
STREET ADDRESS 1515 ENSENADA DR
CITY-ST-ZIP ORLANDO FL 32825 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME QUINTANA, CARLOS
STREET ADDRESS 500 S SEMORAN BLVD
CITY-ST-ZIP QUARTVILLE PA ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Orlando, FL 32857

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R.S. Smith
R.S. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96

Date

407-273-6599

Daytime Phone #

CR2E037 (12/95)