

**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: **500 S SEMORAN BLVD**  
~~SUITE 200~~  
ORLANDO FL 32807  
US

Mailing Address: **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**  
4. FEI Number: **59-3156107**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SMITH, R S	
STREET ADDRESS	9336 RAVEN DELL ST	
CITY - ST - ZIP	ORLANDO FL 32825	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMITH, RONALD F	
STREET ADDRESS	415 1ST AVE	
CITY - ST - ZIP	LOGAN WV	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SMITH, ALICE J	
STREET ADDRESS	9336 RAVEN DELL ST	
CITY - ST - ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANKS, JIMMY	
STREET ADDRESS	500 S SEMORAN BLVD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANNEY, DAVID A	
STREET ADDRESS	1515 ENSENADA DR	
CITY - ST - ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINTANA, CARLOS	
STREET ADDRESS	500 S SEMORAN BLVD	
CITY - ST - ZIP	QUARTTILLE PA	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - 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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<b>Orlando, FL 32857</b>

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 **8-6-96** **407-273-6599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)