

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001775

FILED
Feb 26, 2009
Secretary of State

Entity Name: CROSSLAND CHRISTIAN BIBLE COLLEGE, INC.

Current Principal Place of Business:

900 SO. CHICKASAW TRAIL
ORLANDO, FL 32825 US

New Principal Place of Business:

Current Mailing Address:

900 CHICKASAW TR. SOUTH
ORLANDO, FL 32825 US

New Mailing Address:

900 SO. CHICKASAW TRAIL
ORLANDO, FL 32825 US

FEI Number: 59-3392299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLFORD, JOYCE
900 CHICKASAW TR. SOUTH
ORLANDO, FL 32825 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: D () Delete
Name: CHAMBERS, KATHERINE
Address: 8121 PUFFIN DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: ORVILLE, BALDRIDGE
Address: 24823 PEARL STREET
City-St-Zip: ASTOR, FL 32759 27

Title: D () Delete
Name: SEXTON, WILLIAM
Address: 3134 WOODHAFF DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: VINCI, GUY
Address: 284 SO FAIRBAIRN DR
City-St-Zip: DELTONA, FL 32725

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:

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: ORVILLE BALDRIDGE

DIR

02/26/2009

Electronic Signature of Signing Officer or Director

Date