2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706499

Entity Name: THE BAPTIST COLLEGE OF FLORIDA, INC.

Current Principal Place of Business:

5400 COLLEGE DRIVE
GRACEVILLE, FL 32440

Current Mailing Address:

5400 COLLEGE DRIVE
GRACEVILLE, FL 32440 US

FEI Number: 59-0799893

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FLOYD, POLLY K
5400 COLLEGE DR
GRACEVILLE, FL 32440 US

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: POLLY K FLOYD   04/15/2015

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	TRUSTEE	Title	PM
Name	WILLIAMS, TIM	Name	KINCHEN, THOMAS A DR.
Address	2101 OVERLOOK DRIVE SE	Address	5400 COLLEGE DRIVE
City-State-Zip:	WINTER HAVEN FL 33884	City-State-Zip:	GRACEVILLE FL 32440
Title	TRUSTEE	Title	SECRETARY
Name	GATES, HOWARD DR.	Name	MCLAUGHLIN, DON
Address	838 HOLBROOK CIRCLE	Address	1410 E INDIANHEAD DRIVE
City-State-Zip:	FORT WALTON BEACH FL 32547	City-State-Zip:	TALLAHASSEE FL 32301
Title	CHAIRMAN	Title	VC
Name	CONWAY, KENRIC	Name	CARLTON, ROBERT
Address	901 EAST BUSINESS 98 HWY	Address	3161 RIVER ROAD NORTH
City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	GREEN COVE SPRINGS FL 32043
Title	TRUSTEE		
Name	TAYLOR, LARRY		
Address	30612 SUNNYRIDGE COURT		
City-State-Zip:	LEESBURG FL 34748		

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A KINCHEN   PRESIDENT   04/15/2015

Electronic Signature of Signing Officer/Director Detail   Date