

2013 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

03/21/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name WILLIAMS, TIM
Address 2101 OVERLOOK DRIVE SE
City-State-Zip: WINTER HAVEN FL 33884

Title PM
Name KINCHEN, THOMAS A DR.
Address 5400 COLLEGE DRIVE
City-State-Zip: GRACEVILLE FL 32440

Title TRUSTEE
Name GATES, HOWARD DR.
Address P O BOX 2199
City-State-Zip: FORT WALTON BEACH FL 32549

Title SECRETARY
Name MCLAUGHLIN, DON
Address 1410 E INDIANHEAD DRIVE
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIRMAN
Name BRIANT, WAYNE DR.
Address 2035 MAGNOLIA STREET
City-State-Zip: SARASOTA FL 34239-5215

Title VC
Name CONWAY, KENRIC
Address 901 EAST BUSINESS 98 HWY
City-State-Zip: PANAMA CITY FL 32401

Title TRUSTEE
Name CARLTON, ROBERT
Address 3161 RIVER ROAD NORTH
City-State-Zip: GREEN COVE SPRINGS FL 32043

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

03/21/2013

Electronic Signature of Signing Officer/Director Detail

Date