2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706499

Entity Name: THE BAPTIST COLLEGE OF FLORIDA, INC.

FILED Mar 06, 2018 Secretary of State CC7450534954

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 03/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CHAIRMAN Title PM

NameMAYNARD, TIM DR.NameKINCHEN, THOMAS A DR.Address501 STATE ROAD 13Address5400 COLLEGE DRIVECity-State-Zip:ST JOHNS FL 32559City-State-Zip:GRACEVILLE FL 32440

Title SECRETARY Title TRUSTEE

NameLOVETT, DIANNENameCARLTON, FRAN DR.Address17741 CR 448Address1250 HENRY BALCH DRIVECity-State-Zip:MT DORA FL 32757City-State-Zip:ORLANDO FL 32810

Title VC Title TRUSTEE

Name TAYLOR, LARRY Name CORAM, CHRIS

Address 30612 SUNNYRIDGE COURT Address 12513 STERLING RUN COURT

City-State-Zip: LEESBURG FL 34748 City-State-Zip: JACKSONVILLE FL 32225

Title TRUSTEE Title TRUSTEE

NameWILLIAMS, TIMNamePITTMAN, MARVINAddress2101 OVERLOOK DRIVE SEAddress665 S WILSON AVENUECity-State-Zip:WINTER HAVEN FL 33884City-State-Zip:BARTOW FL 33830

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 03/06/2018