2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706499

Entity Name: THE BAPTIST COLLEGE OF FLORIDA, INC.

FILED Apr 17, 2014 **Secretary of State** CC1229899338

Date

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 04/17/2014

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TRUSTEE** Title PM

WILLIAMS, TIM KINCHEN, THOMAS A DR. Name Name 2101 OVERLOOK DRIVE SE 5400 COLLEGE DRIVE Address Address City-State-Zip: GRACEVILLE FL 32440 WINTER HAVEN FL 33884 City-State-Zip:

Title **SECRETARY** Title TRUSTEE

Name MCLAUGHLIN, DON Name GATES, HOWARD DR.

Address 1410 E INDIANHEAD DRIVE Address P O BOX 2199 TALLAHASSEE FL 32301 City-State-Zip: City-State-Zip: FORT WALTON BEACH FL 32549

Title VC Title **CHAIRMAN**

Name CARLTON, ROBERT CONWAY, KENRIC Name

Address 3161 RIVER ROAD NORTH 901 EAST BUSINESS 98 HWY Address

City-State-Zip: GREEN COVE SPRINGS FL 32043 City-State-Zip: PANAMA CITY FL 32401

Title **TRUSTEE**

CONNER, CRAIG DR. Name

P O BOX 1200 Address

City-State-Zip: PANAMA CITY FL 32201

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.

04/17/2014 SIGNATURE: THOMAS A. KINCHEN **PRESIDENT**