## **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 706499** 

Entity Name: THE BAPTIST COLLEGE OF FLORIDA, INC.

FILED Feb 01, 2022 Secretary of State 1477065196CC

## **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 02/01/2022

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title CHAIRMAN Title PM

NamePITTMAN, MARVINNameKINCHEN, THOMAS A DR.Address665 S WILSON AVENUEAddress5400 COLLEGE DRIVECity-State-Zip:BARTOW FL 33830City-State-Zip:GRACEVILLE FL 32440

Title SECRETARY Title TRUSTEE

NameCHANDLER, SHELLY DR.NameLOVETT, DIANNEAddress311 N WAUKESHA STREETAddress17741 CR 448

City-State-Zip: BONIFAY FL 32425 City-State-Zip: MT DORA FL 32757

Title TRUSTEE Title VC

Name CONNER, CRAIG DR. Name CARR, CALVIN DR.

Address P O BOX 1200 Address 8001 N W 23RD AVENUE

City-State-Zip: PANAMA CITY FL 32201 City-State-Zip: GAINSVILLE FL 32606

Title TRUSTEE Trustee TRUSTEE

NameNELLUMS, DOUGNameMAYNARD, TIM DRAddress3013 PINE FOREST ROADAddress501 STATE ROAD 13City-State-Zip:CANTONMENT FL 32533City-State-Zip: ST JOHNS FL 32559

## Continues on page 2

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 02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title TRUSTEE Title TRUSTEE

Name WILLIAMSON, RICHARD DR Name CORAM, CHRIS

Address 6538 NAVAJO TRAIL Address 12513 STERLING RUN COURT

City-State-Zip: LAKELAND FL 33813 City-State-Zip: JACKSONVILLE FL 32225