

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 12: 01

DOCUMENT # **N09761** (0)

1. Corporation Name
FLORIDA BAPTIST WITNESS, INC.

Principal Place of Business Mailing Address
% JACK E. BRYMER, SR.
1230 HENDRICKS AVE
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/14/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-6001102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for alternative tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 C/O Lindsay R Bergstrom	2a. Mailing Address 26 C/O Lindsay R Bergstrom
22 1230 Hendricks Avenue	27 1230 Hendricks Avenue
23 Jacksonville Fl	28 Jacksonville Fl
24 32207	25 USA
29 32207	30 USA

8. Name and Address of Current Registered Agent
BRYMER, JACK E. SR.
1230 HENDRICKS AVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

B1 Name BERGSTROM, LINDSAY R
B2 Street Address (P.O. Box Number is Not Acceptable) 1230 Hendricks Avenue
B3
B4 City Jacksonville
B5 State FL
B6 Zip Code 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Lindsay R. Bergstrom* *Int. Editor/Manager* *4-9-95*
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is void when reinstated) DATE

12. OFFICERS AND DIRECTORS

TITLE S	NAME RANEW, THOMAS C JR	STREET ADDRESS P.O. BOX 1424 N/A	CITY, ST, ZIP OCALA FL 34478
TITLE C	NAME ANDERSON, LANCE	STREET ADDRESS RT 2 BOX 1150	CITY, ST, ZIP PONCE DE LEON FL 32455
TITLE V	NAME MOORE, WAYLON B	STREET ADDRESS 906 CANDLEWOOD AVE.	CITY, ST, ZIP TAMPA FL 33603
TITLE D	NAME MOTT, MICHAEL	STREET ADDRESS 447 LOBELIA RD.	CITY, ST, ZIP ST. AUGUSTINE FL FL 32086
TITLE D	NAME MITCHELL, J. C.	STREET ADDRESS 445 N. WYMORE RD. STE. 102	CITY, ST, ZIP WINTER PARK FL 32789
TITLE D	NAME ADAMS, DOROTHY R	STREET ADDRESS 9200 AIRWAY DR.	CITY, ST, ZIP PENSACOLA FL 32514

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE S	NAME LEONARD, SCOTT	STREET ADDRESS 8475 RUSTLEWOOD CT	CITY, ST, ZIP PALM HARBOR FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE S	NAME LEONARD, SCOTT	STREET ADDRESS 8475 RUSTLEWOOD CT	CITY, ST, ZIP PALM HARBOR FL 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	300001478423 -05/08/95--01029--006 *****61.25 *****61.25	
31 TITLE V	NAME MOTT, MICHAEL	STREET ADDRESS 447 LOBELIA RD	CITY, ST, ZIP ST AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE D	NAME MOORE, WAYLON B	STREET ADDRESS 906 CANDLEWOOD AVENUE	CITY, ST, ZIP TAMPA FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE D	NAME RANEW, THOMAS C JR	STREET ADDRESS PO Box 1424 N/A	CITY, ST, ZIP OCALA FL 34478	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Scott F. Leonard* *SCOTT F. LEONARD* *4/6/95 (RL) 789-*
Signature (typed or printed name of signing officer or director) Date (typed or printed name of signing officer or director)