

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N09761 (0)**

1. Corporation Name

**FLORIDA BAPTIST WITNESS, INC.**



Principal Place of Business  
**MICHAEL D CHUTE**  
~~570 LINDSAY R. BERGSTROM~~  
1230 HENDRICKS AVE  
JACKSONVILLE FL 32207

Mailing Address  
**MICHAEL D CHUTE**  
~~C/O MICHAEL D CHUTE~~  
1230 HENDRICKS AVE  
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified **06/14/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 **C/O Michael D Chute** 2a. Mailing Address 26 **C/O Michael D Chute**

4. FEI Number **59-6001102** Applied For Not Applicable

22 Suite, Apt. #, etc. **1230 Hendricks Avenue** 27 Suite, Apt. #, etc. **1230 Hendricks Ave**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State **Jacksonville Fl** 28 City & State **Jacksonville Fl**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **32207** 25 Country **USA** 29 Zip **32207** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHUTE, MICHAEL D**  
~~XBERGSTROM, LINDSAY RX~~  
1230 HENDRICKS AVE  
JACKSONVILLE FL 32207

81 Name **Chute, Michael D**  
82 Street Address (P.O. Box Number is Not Acceptable) **1230 Hendricks Avenue**  
83  
84 City **Jacksonville** FL 85 Zip Code **32207**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Michael D. Chute*

*Editor-Manager*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LEONARD, SCOTT</b>	
STREET ADDRESS	<b>8475 RUSTLEWOOD CT.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34655</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, LANCE</b>	
STREET ADDRESS	<b>RT 2 BOX 1150</b>	
CITY-ST-ZIP	<b>PONCE DE LEON FL 32455</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MOTT, MICHAEL</b>	
STREET ADDRESS	<b>447 LOBELIA RD.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, WAYLON B</b>	
STREET ADDRESS	<b>906 CANDELWOOD AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33603</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RANEW, THOMAS C JR.</b>	
STREET ADDRESS	<b>P.O. BOX 1424 N/A</b>	
CITY-ST-ZIP	<b>OCALA FL 34478</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, DOROTHY R</b>	
STREET ADDRESS	<b>9200 AIRWAY DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8437-Rustlewood Ct</b>
1.4 CITY-ST-ZIP	<b>New Port, Richey, FL 34655</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BOATWRIGHT, JOSEPH E</b>
2.3 STREET ADDRESS	<b>1410 HYDE PARK DRIVE</b>
2.4 CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>C</b>
3.3 STREET ADDRESS	<b>MOTT MICHAEL</b>
3.4 CITY-ST-ZIP	<b>447 Lobelia Road</b> <b>St Augustine Fl 32086</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>7000017806</b>
5.3 STREET ADDRESS	<b>-04/15/96--01077--015</b>
5.4 CITY-ST-ZIP	<b>***61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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 Leonard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

4-15-96 JR