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Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N09761 (0)
1. Corporation Name
FLORIDA BAPTIST WITNESS, INC.



A. Alan 6/12/97

Principal Place of Business Mailing Address
C/O LINDSAY R. BERGSTROM
1230 HENDRICKS AVE
JACKSONVILLE FL 32207
C/O LINDSAY R. BERGSTROM
1230 HENDRICKS AVE
JACKSONVILLE FL 32207-8619

3. Date Incorporated or Qualified 06/14/1985
3a. Date of Last Report 04/15/1996

2. Principal Place of Business 2a. Mailing Address
21 *1/2 Michael D Chute* 26 *1/2 Michael D. Chute*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 *1230 Hendricks Ave* 27 *1230 Hendricks Ave*
City & State City & State
23 *Jacksonville FL 32207* 28 *Jacksonville FL*
Zip Country Zip Country
24 *32207* 25 *USA* 29 *32207* 30 *USA*

4. FEI Number 59-6001102 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CHUTE, MICHAEL D
1230 HENDRICKS AVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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* 4/16/97
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	S	<input type="checkbox"/> DELETE
NAME	LEONARD, SCOTT	
STREET ADDRESS	8475 RUSTLEWOOD CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOATWRIGHT, JOSEPH E	
STREET ADDRESS	1410 HYDE PARK DR.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MOTT, MICHAEL	
STREET ADDRESS	447 LOBELIA RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, WAYLON B	
STREET ADDRESS	908 CANDELWOOD AVENUE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANEW, THOMAS C JR.	
STREET ADDRESS	P.O. BOX 1424 N/A	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, DOROTHY R	
STREET ADDRESS	9200 AIRWAY DR.	
CITY-ST-ZIP	PENSACOLA FL 32514	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leonard, Scott	
1.3 STREET ADDRESS	8475 Rustlewood Ct.	
1.4 CITY-ST-ZIP	New Port Richey FL 34655	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boatwright, Joseph E.	
2.3 STREET ADDRESS	1410 Hyde Park Dr.	
2.4 CITY-ST-ZIP	Winter Park, FL 32792	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mott, Michael	
3.3 STREET ADDRESS	447 Lobelia Rd.	
3.4 CITY-ST-ZIP	St. Augustine, FL 32086	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Terhune, James L.	
4.3 STREET ADDRESS	12213 N 10 Pl.	
4.4 CITY-ST-ZIP	Newberry FL 32669-2724	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ranew, Thomas C Jr.	
5.3 STREET ADDRESS	P.O. Box 1424 n/a	
5.4 CITY-ST-ZIP	Ocala, FL 34478	5/5/97
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Adams, Dorothy R.	
6.3 STREET ADDRESS	9200 Airway Dr.	Bank Deposit
6.4 CITY-ST-ZIP	Pensacola, FL 32514	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *James L. Terhune* 4/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (9/96)