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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09761 (0)

1. Corporation Name
FLORIDA BAPTIST WITNESS, INC.



Principal Place of Business C/O MICHAEL D. CHUTE 1230 HENDRICKS AVE. JACKSONVILLE FL 32207	Mailing Address C/O MICHAEL D. CHUTE 1230 HENDRICKS AVE. JACKSONVILLE FL 32207
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3. Date Incorporated or Qualified
06/14/1985

4. FEI Number
59-6001102

Applied For
 Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	LEONARD, SCOTT	8475 RUSTLEWOOD CT.	NEW PORT RICHEY FL 34855	
	BOATWRIGHT, JOSEPH E	1410 HYDE PARK DR.	WINTER PARK FL 32792	<input type="checkbox"/> DELETE
	MOTT, MICHAEL	447 LOBELIA RD.	ST. AUGUSTINE FL 32086	<input type="checkbox"/> DELETE
	TERHUNE, JAMES L	12213 N.W. 10 PLACE	NEWBERRY FL 32669-2724	<input type="checkbox"/> DELETE
	RANEW, THOMAS C JR.	P.O. BOX 1424 (N/A)	OCALA FL 34478	<input type="checkbox"/> DELETE
	ADAMS, DORTHY R	9200 AIRWAY DRIVE	PENSACOLA FL 32514	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	VERNON HARKOY 4268 E. AVON PINES RD AVON PARK, FL 33825
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Michael D. Chute (NOTE: Registered Agent signature required when reinstating) DATE: _____ DAYTIME PHONE: _____

CFR2E037 (10/97)