

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90035 030 \*\*\*\*70.00

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**DOCUMENT # N09761**

1. Entity Name  
**FLORIDA BAPTIST WITNESS, INC.**

Principal Place of Business <b>C/O MICHAEL D. CHUTE          1230 HENDRICKS AVE.          JACKSONVILLE FL 32207</b>	Mailing Address <b>C/O MICHAEL D. CHUTE          1230 HENDRICKS AVE.          JACKSONVILLE FL 32207</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-6001102</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

**CHUTE, MICHAEL D  
 1230 HENDRICKS AVE  
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>HARKEY, VERNON 4268 AVON PINES RD AVON PARK FL 33825</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BOATWRIGHT, JOSEPH E 1410 HYDE PARK DR. WINTER PARK FL 32792</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BLAIR, JERRY 9526 86TH ST LIVE OAK FL 32060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>TERHUNE, JAMES L 12213 N.W. 10 PLACE NEWBERRY FL 32669-2724</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>GATES, HOWARD P.O. BOX 2403 FORT WALTON BEACH FL 32549</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>STEWART, KATHIE 3544 E WITHLACOOCHEE TRAIL DUNNELLON FL 34434</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Jerry Schaeffer 124 Hollow Branch Crossing Ormond Beach, FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Maxie Miller 604 West Ball Street Plant City, FL 33566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Robert Miller 92 High Street Winter Haven, FL 33880</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Emma Sims Moore Rt 13 Box 291 Lake City FL 32055</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Steve Henderson 6633 Old Hwy 37 Lakeland FL 33811</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DAN QUINLAN* **REQUIRED**

CR2E037 (10/00)