

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2007  
Secretary of State**

DOCUMENT# N09761

Entity Name: FLORIDA BAPTIST WITNESS, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

1230 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

**New Mailing Address:**

C/O JAMES A SMITH, SR.  
1230 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

FEI Number: 59-6001102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, JAMES R SR  
C/O JAMES A SMITH, SR.  
1230 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D            (X) Delete  
Name: JOHNSON, EDWARD  
Address: 2401 SE 19 CIR  
City-St-Zip: OCALA, FL 34471

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D3            ( ) Delete  
Name: GREENE, BOB  
Address: 2011 SADDLE BROOK DR  
City-St-Zip: PENSACOLA, FL 32526

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D            ( ) Delete  
Name: POWELL, RICHARD  
Address: 3750 COLONIAL BLVD.  
City-St-Zip: FORT MYERS, FL 33912

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D            ( ) Delete  
Name: BUCKLEY, DON W MD  
Address: 7411 CAMELE DR  
City-St-Zip: PENSACOLA, FL 32504

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D            ( ) Delete  
Name: HOLTON, EDWIN G  
Address: 4480 OLD COLONY RD  
City-St-Zip: MULBERRY, FL 33860

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T            (X) Delete  
Name: MILLER, ROBERT  
Address: 92 HIGH STREET  
City-St-Zip: WINTER HAVEN, FL 33880

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB GREENE

D3

04/19/2007

Electronic Signature of Signing Officer or Director

Date