


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 28, 2003 8:00 am
Secretary of State

87.

08-20-2003 90052 049 ****70.00

DOCUMENT # N09761
1. Entity Name
FLORIDA BAPTIST WITNESS, INC.



Principal Place of Business
**1230 HENDRICKS AVE.
JACKSONVILLE FL 32207**

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

55055198



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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

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

6. Name and Address of Current Registered Agent
**CHUTE, MICHAEL D
C/O JAMES A SMITH, SR.
1230 HENDRICKS AVENUE
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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARKEY, VERNON 4288 AVON PINES RD AVON PARK FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emma Sims Moore Rt 13, Box 291 Lake City, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHAEFFER, JERRY 124 HOLLOW BRANCH CROSSING ORMOND BEACH FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Miller 92 High Street Winter Haven, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLAIR, JERRY 9528 86TH ST LIVE OAK FL 32060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edward Johnson 2401 SE 19 Circle Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERHUNE, JAMES L 12213 N.W. 10 PLACE NEWBERRY FL 32869-2724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Coats 17820 SW 112 Court Miami, FL 33157-4907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GATES, HOWARD P.O. BOX 2403 FORT WALTON BEACH FL 32549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Anderson 90 Windward Island Clearwater, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILLER, MAXIE 604 WEST BALL STREET PLANT CITY FL 33568	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Jerry W Schaeffer* **SIGNATURE REQUIRED** Date: **8/18/03** Daytime Phone #: **904-396-2351, 8304**

CPE037 (4/03)