

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09761

FILED
Mar 07, 2017
Secretary of State
CC7864380243

Entity Name: FLORIDA BAPTIST WITNESS, INC.

Current Principal Place of Business:

6850 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

Current Mailing Address:

PO BOX 10289
JACKSONVILLE, FL 32247

FEI Number: 59-6001102

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUMGARNER, KEVIN R
6850 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216 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: KEVIN BUMGARNER

03/07/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name CHANDLER, WILLIAM
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title VC
Name BRUNSON, DEBORAH
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY
Name PFRIMMER, PATRICK
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title PRESIDENT
Name BUMGARNER, KEVIN R
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name ARANGUREN, LUIS
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name BAXLEY, DENNIS
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name CUMMINGS, ERIK
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name KNEPPER, RANDOLPH L
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

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I hereby 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 all other like empowered.

SIGNATURE: KEVIN R. BUMGARNER

PRESIDENT

03/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KREVO, MARC
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name MARSH, MARCELLUS
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name ROLLYSON, JOHN
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name WIGTON, JAMES
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name LOCKE, JAMES
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name ORMAN, DARRELL
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name STOVER, JOY
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name WILSON, KEVON
Address 6850 BELFORT OAKS PLACE
City-State-Zip: JACKSONVILLE FL 32216