

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09761

**FILED**  
**Feb 18, 2014**  
**Secretary of State**  
**CC9184926703**

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

**Current Principal Place of Business:**

1230 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**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  
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:** KEVIN BUMGARNER

02/18/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name HUCKABEE, RANDY  
Address 13456 HAPPY HILL ROAD  
City-State-Zip: DADE CITY FL 33525

Title SECRETARY  
Name PFRIMMER, PATRICK  
Address 732 RIVA RIDGE DR  
City-State-Zip: CRESTVIEW FL 32539

Title DIRECTOR  
Name SMITH, BRADLEY  
Address 6800 TROBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34653

Title VC  
Name KNEPPER, RANDOLPH L  
Address 1705 MARGARET'S WALK ROAD  
City-State-Zip: FLEMING ISLAND FL 32006

Title DIRECTOR  
Name BAXLEY, DENNIS  
Address 3101 SE 45TH STREET  
City-State-Zip: Ocala FL 34480-6110

Title DIRECTOR  
Name LOCKE, JAMES  
Address 207 SWIFT CREEK DRIVE  
City-State-Zip: CANTONMENT FL 32533

Title DIRECTOR  
Name ARANGUREN, LUIS  
Address 12501 SW 14TH ST., APT 215  
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR  
Name CHANDLER, WILLIAM  
Address 611 N VARNER STREET  
City-State-Zip: BONIFAY FL 32425

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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 BUMGARNER

**REGISTERED AGENT**

02/18/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DAVIS, FREDDY  
Address 321 ANTON DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR  
Name EDWARDS, RONNIE  
Address 1185 LANE AVE S #1  
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR  
Name BRUNSON, DEBORAH  
Address 7623 HOLLYRIDGE ROAD  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name BUMGARNER, KEVIN R  
Address 1230 HENDRICKS AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name DUBOIS, JAMES  
Address FIRST BAPTIST CHURCH  
PO BOX 216  
City-State-Zip: WALDO FL 32694

Title DIRECTOR  
Name ROLLYSON, JOHN  
Address 4785 SHEFFIELD DRIVE  
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR  
Name ORMAN, DARRELL  
Address 1 MELODY LANE  
City-State-Zip: STUART FL 34996