

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N09761**

1. Entity Name

FLORIDA BAPTIST WITNESS, INC.

Principal Place of Business

C/O MICHAEL D. CHUTE
1230 HENDRICKS AVE.
JACKSONVILLE FL 32207

Mailing Address

C/O MICHAEL D. CHUTE
1230 HENDRICKS AVE.
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

CHUTE, MICHAEL D
1230 HENDRICKS AVE
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
HARKEY, VERNON
4268 AVON PINES RD
AVON PARK FL 33825 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOATWRIGHT, JOSEPH E
1410 HYDE PARK DR.
WINTER PARK FL 32792 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BLAIR, JERRY
9526 86TH ST
LIVE OAK FL 32060 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TERHUNE, JAMES L
12213 N.W. 10 PLACE
NEWBERRY FL 32669-2724 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GATES, HOWARD
P.O. BOX 2403
FORT WALTON BEACH FL 32549 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STEWART, KATHIE
3544 E WITHLACOOCHIE TRAIL
DUNNELLON FL 34434 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jerry Schaeffer
124 Hollow Branch Crossing
Ormond Beach FL 32174 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Maxie Miller
604 West Ball Street
Plant City, FL 33566 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Robert Miller
92 High Street
Winter Haven, FL 33880 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Emma Sims Moore
Rt 13 Box 291
Lake City FL 32055 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Steve Henderson
6633 Old Hwy 37
Lake Land FL 33811 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

DRNGLUE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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

00005522

DO NOT WRITE IN THIS SPACE

0011234

CR2E037 (10/00)