

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28402** (8)

1. Corporation Name

BAPTIST COMMUNICATION MISSION, INC.

Principal Place of Business

Mailing Address

3400 RALEIGH STREET
HOLLYWOOD FL 33021

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HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/19/1988

3a. Date of Last Report
03/25/1994

4. FEI Number
65-0148264

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGES, PERRY W. JR.
844 SE 4TH AVENUE
FT LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: NORVILLE, BUDDY V
STREET ADDRESS: 9707 SW 57 ST
CITY- ST- ZIP: COOPER CITY FL

1.1 TITLE: PD
1.2 NAME: **Mr. Erwin, Monte D.**
1.3 STREET ADDRESS: **3590 NW 2nd St**
1.4 CITY- ST- ZIP: **Pembroke Pines, FL**

TITLE: SD
NAME: WADE, KATHY
STREET ADDRESS: 3400 RALEIGH STREET
CITY- ST- ZIP: HOLLYWOOD FL

2.1 TITLE: SD
2.2 NAME: **Swierenga, Jim**
2.3 STREET ADDRESS: **1338 NW 125th Terr.**
2.4 CITY- ST- ZIP: **Sunrise, FL**

TITLE: TD
NAME: BERNHARDT, JOANNA
STREET ADDRESS: 3400 RALEIGH STREET
CITY- ST- ZIP: HOLLYWOOD FL

3.1 TITLE: TD
3.2 NAME: **300001419309**
3.3 STREET ADDRESS: **-03/02/95--01056--008**
3.4 CITY- ST- ZIP: *******61.25 *****61.25**

TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:

4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY- ST- ZIP:

TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:

5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY- ST- ZIP:

TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:

6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY- ST- ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Monte D. Erwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95 30-981-2271
Date (Typed Name)