

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N28402** (8)

1. Corporation Name

**BAPTIST COMMUNICATION MISSION, INC.**



Principal Place of Business: **3400 RALEIGH STREET HOLLYWOOD FL 33021**  
 Mailing Address: **3400 RALEIGH STREET HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **09/19/1988**  
 3a. Date of Last Report: **02/27/1995**  
 4. FEI Number: **65-0148264**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
 2a. Mailing Address: 26  
 Suite, Apt #, etc.: 22  
 City & State: 23  
 Zip: 24  
 Country: 25  
 City & State: 27  
 City & State: 28  
 Zip: 29  
 Country: 30

9. Name and Address of Current Registered Agent  
**HODGES, PERRY W. JR.**  
**644 SE 4TH AVENUE**  
**FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent  
 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 617.0502 and 617.1506 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of signature (Typed) Registered Agent's signature and date of registration

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	PD
NAME	ERWIN, MONTE D	12 NAME	Buddy Norville
STREET ADDRESS	8590 N.W. 3RD ST	13 STREET ADDRESS	9707 SW 57 ST
CITY - ST - ZIP	PEMBROKE PINES FL	14 CITY - ST - ZIP	COOPER CITY, FL 33328
TITLE	SD	21 TITLE	
NAME	SWIERENGA, JIM	22 NAME	
STREET ADDRESS	1338 N.W. 125TH ST.	23 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	
NAME	BERNHARDT, JOANNA	32 NAME	
STREET ADDRESS	3400 RALEIGH STREET	33 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Buddy Norville* 1-22-94 954 981-2271  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)