FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N28402

(8)

BAPTIST COMMUNICATION MISSION, INC.

Principal Place	e of Business	Mailing Address	Mailing Address				b idditifet den tittet ettit mit it anne tiet fittit mit it anne diet diet einen einen				
3400 RALEIGH STREET HOLLYWOOD FL 33021		3400 RALEIGH STREET HOLLYWOOD FL 33021-3122									
						7	 Date Incorpora 09/19/19 	ted or Qualified 88		of Last Re 2/07/198	
-	ace of Business	2a. Mailing Address					4. FEI Number 65-01482	264			plied For
Suite Apt # etc		Suite, Apt. #, etc.					CO 75 Additional				
Suite, Apt. #, etc.		— · · ·	27				Certificate of St	atus Desired	S8.75 Additional Fee Required		
City & State		City & State					6. Election Campa	aign Financing		\$5.00	May Be
23		28					Trust Fund Contribution Added to Fees				
Zıp				ntry	a. The dipolation has hashing to make the colors.						
24	29	30				Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	9. Name and Address of Curre	ur veðiereisa viðeir		B1	Name		ly. Hallie alle Act	IIOSE VI NOW NO	Aistelen V		
HODOEG	DEODY W. ID										
HODGES, PERRY W. JR. 644 SE 4TH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable				10)			
FT LAUDERDALE FL 33301				83							
				84	City					85 Zip (Code
					_				FL		
11. Pursuant t	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida Statu	tes, the al	bove	-named	corpora	tion submits this st	atement for the p	urpose of c	hanging it	s registered
agent. I ar	m familiar with, and accept the oblig	gations of, Section 617.0503, Fl	lorida Stat	utes	1116 COIP 3.	porations	s board or onector	a. I nereby accor	A the appen	in india as	rogiotoroa
SIGNATURE											
12.	Signature, typed or printed name of registered ag	vent and title if applicable. (NO)	OTE: Registered Agent signature req		a required w		ANGES TO OFFIC	DATE SERS AND D	IRECTOR	S IN 12	
TITLE	PD	DELETE	1.1 Ti	TLE	· · · · · · · · · · · · · · · · · · ·	SD		······································	Γ	Change	XI Addition
NAME	NORVILLE, BUDDY		1,2 N			Car	penter.	Juda	_		
STREET ADDRESS	9707 SW 57 ST				3 STREET ADDRESS 34		penter, 00 Raleig	h Street	t		
CITY-ST-ZIP	COOPER CITY FL			1.4 CITY-ST-ZIP		Hel	llywood,	FL 33	اه		
TITLE	SD	₹ DELETE	DELETE 2.1 T		ITLE					Change	Addition
NAME	SWIERENGA, JIM		2.2 NA		E						
STREET ADDRESS	1338 N.W. 125TH ST.		2.3 \$1	2.3 STREET ADDRESS				-			
CITY-S1-ZIP			2.40	2.4 CITY-ST-ZIP		ļ				I	· •
TITLE	TD	☐ DELETE	3.1 TITLE						L	Change	Addition
NAME	BERNHARDT, JOANNA		3.2 N	-							
STREET ADDRESS	3400 RALEIGH STREET				ET ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL				ST - ZIP	ļ			·г	Change	Addition
TITLE NAME			4.1 Ti 4. 2 N						_	orango	
STREET ADDRESS					ADDRESS						
City-SI-ZIP					17- ZIP						
TITLE		DELETE	5.1 T		· · · · · · · · · · · · · · · · · · ·	<u> </u>			l	Change	Addition
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TAEET	ADDRESS						
CITY-ST-ZIP			5.4 C	ITY-S	IT-ZIP	ļ			· · · · · · · · · · · · · · · · · · ·	7	
TITLE		L DELETE	6.1 Ti						L	Change	L Addition
NAME			6.2 N								
STREET ADDRESS			1		ADDRESS						
CITY-ST-ZIP	by certify that the information supplie	ad with this filing does not gual			T-ZIP	stated in	Section 119 07/3\()	i) Florida Statuta	s. I further o	ertify that	the
information	of certify that the monitorion supplies in indicated on this annual report or fficer or director of the corporation on Block 12 or Block 13 if changed, or	supplemental annual report is or the receiver or trustee empor	true and a wered to a	accu	urate and	d that my	/ signature shall ha	ive the same lega	d effect as i	made un	der oath; that



Daytime Phone # 0021477

FILED

Jan 27 1997 8:00am

Secretary of State