

IR)

FILED
Apr 16, 2000 8:00 am
Secretary of State

01-14-2000 90032 012 ****61.25

DOCUMENT # N28402

1. Entity Name

BAPTIST COMMUNICATION MISSION, INC.

Principal Place of Business

Mailing Address

3400 RALEIGH STREET
HOLLYWOOD FL 33021

3400 RALEIGH STREET
HOLLYWOOD FL 33021-3122

2. Principal Place of Business.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0148264

Applied For

Not Applied For

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD Delete
NAME CARPENTER, JUDY
STREET ADDRESS 3400 RALEIGH ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ~~DM~~ DM Change Addition
NAME C. F. Collins
STREET ADDRESS 3400 Raleigh St.
CITY-ST-ZIP Hollywood, FL 33021

TITLE TM Delete
NAME SNOW, JAMES O
STREET ADDRESS 3400 RALEIGH ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME SEARCY, MICHAEL
STREET ADDRESS 3400 RALEIGH ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SGNAT. COLLINS REQUIRED

Jan 5, 2000 (954) 981-2271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #