## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N28402

BAPTIST COMMUNICATION MISSION, INC.



**FILED** Apr 25, 2007 08:00 AM Secretary of State

Principal Place of Business

3400 RALEIGH STREET HOLLYWOOD, FL 33021-3122 Mailing Address

3400 RALEIGH STREET HOLLYWOOD, FL 33021-3122



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04232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0148264

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

HODGES, PERRY WJR. 1401 EAST BORWARD BLVD. SUITE 300

MELHUISH, A. RODNEY

HOLLYWOOD, FL 33021

3400 RALEIGH ST.

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FT LAUDERDALE, FL 33301-2116			IN THIS SPACE		
	named entity submits this statement for ions of registered agent.	the purpose of changing its registere	ed office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.	<u> </u>				
	Signature, typed or printed name of registered agent a	nd trile if applicable. (NOTE: Registered	d Agent signature	e required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIERENGA, JAMES 3400 RALEIGH ST. HOLLYWOOD, FL 33021				L/000000704040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, PHILIP 3400 RALEIGH ST.				U00000731040 05/08/07-80105-001 70.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 truftee expressing the execute/this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment wi

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

ING OFFICER OR DIRECTOR

Daytime Phone #