

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90082 007 \*\*\*\*61.25

**DOCUMENT # N28402**

**1. Entity Name**  
**BAPTIST COMMUNICATION MISSION, INC.**



**Principal Place of Business**  
**3400 RALEIGH STREET**  
**HOLLYWOOD FL 33021**

**Mailing Address**  
**3400 RALEIGH STREET**  
**HOLLYWOOD FL 33021**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-0148264**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.**

**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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, JUDY	
STREET ADDRESS	3400 RALEIGH ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEARCY, MICHAEL	
STREET ADDRESS	3400 RALEIGH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	NORVILLE, BUDDY	
STREET ADDRESS	3400 RALEIGH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Swierenga	
STREET ADDRESS	3400 Raleigh St.	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip Brown	
STREET ADDRESS	3400 Raleigh St.	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	TM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A. Rodney Melhuish	
STREET ADDRESS	3400 Raleigh St.	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**Signature Required**

4/30/03

954-964-2940

CR2E037 (10/02)