

## Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number:0000168843Submit Date:2021-11-16FRN:0001812932Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:11/16/2021Filing Status:ActiveStatus:Status:Status Date:11/16/2021

## **Section I - General Information**

## 1. Respondent

Entity Name

0001812932	Landmark Baptist Church Inc of Haines City, Florida

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2020 East Hinson Avenue	Haines City	FL	33844	+1 (863) 422- 9583	dougauchus@gospel903. com

## 2. Contact Representative

Name	Organization
Joseph A. Belisle, III.	Belisle Law Firm PA

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 970620	Miami	FL	33197	+1 (305) 978-7675	joe@belislelaw.com

## 3. Application Filing Fee

## Not Applicable

FRN

# 4. Control of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits	Licensee		
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?		No	

(b) Provide the following information about this report:		
Purpose	Biennial	
"As of" date	10/01/2021	
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.	

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name		FRN		
Landmark Baptist Church Inc of Haines City, Florida		0001	812932	
Fac. ID No.	Call Sign	City	State	Service
36500	WLVF-FM	HAINES CITY	FL	FM

## Section II – Biennial Ownership Information

## 1. 47 C.F.R. Section 73.3613 Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Document Information		
Description of contract or instrument	Amended and Restated Articles of Incorporation	
Parties to contract or instrument	Florida	
Date of execution	04/1992	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation	

#### **Document Information**

Description of contract or instrument	Articles of Amendment to Amended and Restated Articles of Incorporation
Parties to contract or instrument	Florida
Date of execution	06/1999
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	n/a	
Date of execution	04/1992	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Bylaws	

Document Information		
Description of contract or instrument	Amendment to Bylaws	
Parties to contract or instrument	n/a	
Date of execution	06/1999	

Date of expiration	No expiration date
Agreement type	Other
(check all that apply)	Agreement Type: Bylaws

## 2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information				
FRN	0001812932			
Entity Name	Landmark Baptist Church Inc	of Haines City, Florida		
Address	PO Box			
	Street 1	2020 East Hinson Avenue		
	Street 2			
	City	Haines City		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33844		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
<b>Positional Interests</b> (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%		
	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this re	n attributable interest in one o eport?	r more broadcast stations	)	

Ownership Information			
FRN	9990126506		
Name	Michael Willis		
Address	PO Box		
	Street 1	2020 East Hinson Avenue	
	Street 2		
	City	Haines City	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33844	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Fire Protection Contractor		
By Whom Appointed or Elected	Church		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this r	an attributable interest in one o report?	r more broadcast stations	No

Ownership Information			
FRN	9990126509		
Name	Victor R. Grafton, Sr.		
Address	PO Box		
	Street 1	2975 Chicasaw Drive	
	Street 2		
	City	Haines city	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33844	

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired		
By Whom Appointed or Elected	Church		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	20.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

that do not appear on this report?

N

Ownership Information			
FRN	9990126510		
Name	Wallace A. Roberts		
Address	PO Box		
	Street 1	1909 South 9th Street	
	Street 2		
	City	Haines City	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code 33844		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Painting Contractor		
By Whom Appointed or Elected	Church		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	

	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	more broadcast stations No	

## **Ownership Information**

FRN	9990126512		
Name	Randolph A. Smith		
Address	PO Box		
	Street 1	1957 Glory Avenue	
	Street 2		
	City	Haines City	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33844	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired		
By Whom Appointed or Elected	Church		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages (enter percentage values	Voting	20.0%	
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	0

**Ownership Information** 

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Name	Brian D. Baker	Brian D. Baker		
Address	PO Box			
	Street 1	3201 Fairmont Place		
	Street 2			
	City	Haines City		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33844		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer			
Principal Profession or Occupation	Treasurer Landmark Baptist C	Church of Haines City Inc.		
By Whom Appointed or Elected	Church			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	0.0%		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

Ownership Information		
FRN	9990145073	
Name	Barry Edward Parsons	
Address	PO Box	
	Street 1	559 Paradise Island Place
	Street 2	
	City	Haines City
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33844
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

## **Ownership Information**

Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Teacher			
By Whom Appointed or Elected	Church			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino	Not Hispanic or Latino	
	Race	White	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%		
	Equity	20.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	
., .	nat any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	Yes	
(c) Is Respondent seeking	an attribution exemption for an	y officer or director with	No	
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If "<u>Yes</u>," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

3. Organizational Chart (Licensees Only) Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

Licensee has no parent entity.

## **Section III - Certification**

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Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON	
	THIS FORM ARE PUNISHABLE BY	
	FINE AND/OR IMPRISONMENT (U.S.	
	CODE, TITLE 18, SECTION 1001), AND	
	/OR REVOCATION OF ANY STATION	
	LICENSEOR CONSTRUCTION	
	PERMIT (U.S. CODE, TITLE 47,	
	SECTION 312(a)(1)), AND/OR	
	FORFEITURE (U.S. CODE, TITLE 47,	
	SECTION 503).	

Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: <b>Treasurer</b> Exact Legal Title or Name of Respondent: <b>Landmark Baptist Church Inc. of Haines City</b> <b>Florida</b> Name: <b>Brian D Baker</b> Phone: <b>8634229583</b>
		11/16/2021