

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 700224 (9)
1. Corporation Name
FRIENDSHIP MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.

95 FEB 24 AM 11:30

Principal Place of Business Mailing Address
CKSONVILLE, INC. **CKSONVILLE, INC.**
7141 NEW KINGS ROAD 7141 NEW KINGS ROAD
JACKSONVILLE FL 32219-3870 JACKSONVILLE FL 32219-3870

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **12/07/1959** 3a. Date of Last Report **02/03/1994**
4. FEI Number **59-2648620** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARE, WINSTON
1517 ROWE AVENUE
JACKSONVILLE, FL
JACKSONVILLE FL 32208

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Winston Ware* **WINSTON WARE** **2-12-95**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	GOODMAN, MR. CHARLES SR
STREET ADDRESS	6518 RIBAUT ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	ALBERTIE, CORA M
STREET ADDRESS	7142 NEW KING ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	PRIME, JAMES C.
STREET ADDRESS	7153 RICHARDSON ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DC
NAME	PRIME, NATHANIEL
STREET ADDRESS	7222 NE KINGS RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	T
NAME	WARE, WINSTON
STREET ADDRESS	5017 LINCOLN CIR S
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	WILLIAMS, MINNIE M
STREET ADDRESS	10315 HAVER FORD ROAD
CITY - ST - ZIP	JACKSONVILLE FL

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S. Sac. Dca. Board
1.3 STREET ADDRESS	Little, Leroy, Deacon
1.4 CITY - ST - ZIP	6554 New Kings Road, Jacksonville 32219
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C. Chairman Bldg. Comm.
2.3 STREET ADDRESS	Denefield, Erno, Deacon
2.4 CITY - ST - ZIP	6653 Kinlocke Dr. E. Jacksonville 32219
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Goodman Sr.* **Charles Goodman Sr.** **2/12/95 - (904) 765-7975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)