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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700224 (9)
1. Corporation Name
FRIENDSHIP MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.



Principal Place of Business CKSONVILLE, INC. 7141 NEW KINGS ROAD JACKSONVILLE FL 32219-3870	Mailing Address CKSONVILLE, INC. 7141 NEW KINGS ROAD JACKSONVILLE FL 32219-3870
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3. Date Incorporated or Qualified 12/07/1959	3a. Date of Last Report 03/25/1996
4. FEI Number 59-2648620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**WARE, WINSTON
1517 ROWE AVENUE
JACKSONVILLE, FL
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Winston Ware* (NOTE: Registered Agent signature required when reinstating) DATE **3-10-97**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOODMAN, MR. CHARLES SR	
STREET ADDRESS	8518 RIBAUT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALBERTIE, CORA M	
STREET ADDRESS	7142 NEW KING ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIME, JAMES C.	
STREET ADDRESS	7153 RICHARDSON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	PRIME, NATHANIEL	
STREET ADDRESS	7222 NE KINGS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WARE, WINSTON	
STREET ADDRESS	5017 LINCOLN CIR S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MINNIE M	
STREET ADDRESS	10315 HAVER FORD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Erno Denefield	
1.3 STREET ADDRESS	6653 Kinlocke Drive	
1.4 CITY-ST-ZIP	Jacksonville, FL. 32219	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Velma Colvin	
2.3 STREET ADDRESS	3800 Harborview Court	
2.4 CITY-ST-ZIP	Jacksonville, Florida 32209	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Erno Denefield* DATE **3 9 97**

CR2E037 (9/96)

Friendship Missionary Baptist Church

7141 NEW KINGS ROAD
JACKSONVILLE, FLORIDA 32219
PHONE 765-3107

REVEREND ISAAC ROBERTS, PASTOR
PHONE 768-6793

CHAIRMAN OFFICIAL BOARD
DEACON NATHANIEL PRIME
768-1939

CHAIRMAN TRUSTEE BOARD
DEACON CHARLES GOODMAN
765-7975

CHURCH SECRETARY
SIS. MINNIE WILLIAMS
757-6239

CHURCH CLERK
SIS. CORA ALBERTIE
768-4597

January 16, 1997

To Whom It May Concern:

Please Add the following name:

Title: C
Erno Deneffield
6653 Kinlocke Drive
Jacksonville, Florida 32219

Title: S
Velma Colvin
3800 Harborview Court
Jacksonville, Florida 32208

Thank You:

Friendship Missionary Baptist Church