


FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>CKSONVILLE, INC. 7141 NEW KINGS ROAD JACKSONVILLE FL 32219-3870</b>	Mailing Address <b>CKSONVILLE, INC. 7141 NEW KINGS ROAD JACKSONVILLE FL 32219-3870</b>
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3. Date Incorporated or Qualified <b>12/07/1959</b>	
4. FEI Number <b>59-2648620</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**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 <b>FL</b> 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* **WINSTON WARE** DATE **4-5-98**

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DC Prime, James C.</b>
3.3 STREET ADDRESS	<b>7153 Richardson Road</b>
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32209</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TR. Arthur L. Brown</b>
4.3 STREET ADDRESS	<b>780 Gardenia Lane</b>
4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32208</b>
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 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: *Charles Goodman Sr.* **Charles Goodman Sr. 4/5/98**

CR2E037 (10/97)