

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700224

1. Entity Name

FRIENDSHIP MISSIONARY BAPTIST CHURCH OF JACKSONV

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90025 038 ****61.25

| | |
|--|--|
| 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 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 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. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE **WINSTON WARE** *Winston Ware* **4-9-2000**
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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|---------------------------------------|--|

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GOODMAN, MR. CHARLES SR 6518 RIBAUT ROAD JACKSONVILLE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALBERTIE, CORA M 7142 NEW KING ROAD JACKSONVILLE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC PRIME, JAMES C. 7153 RICHARDSON ROAD JACKSONVILLE FL 32209 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR BROWN, ARTHUR L 780 GARDENIA LN JACKSONVILLE FL 32208 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WARE, WINSTON 5017 LINCOLN CIR S JACKSONVILLE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WILLIAMS, MINNIE M 10315 HAVER FORD ROAD JACKSONVILLE FL | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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** *Charles D Goodman* **4-9-2000** (904) 765-7975
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)