

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700224

FILED
Mar 24, 2009
Secretary of State

Entity Name: FRIENDSHIP MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

7141 NEW KINGS ROAD
JACKSONVILLE, FL 322193870

New Principal Place of Business:

Current Mailing Address:

7141 NEW KINGS RD
JACKSONVILLE, FL 322193870

New Mailing Address:

FEI Number: 59-2648620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, CARLOS A DC
10236 MANORVILLE DRIVE
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WILLIAMS, LEROY TD
Address: 5737 NORGE DR. W.
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: ALBERTIE, CORA M S
Address: 7142 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: DC () Delete
Name: CLARK, CARLOS A DC
Address: 10236 MANORVILLE DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: TR () Delete
Name: BROWN, ARTHUR L TR
Address: 780 GARDENIA LN
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: WARE, WINSTON
Address: 5017 LINCOLN CIR S
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: PERRY, EARLENE K S
Address: 6526 RIBAULT RD.
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WILLIAMS, LEROY TD
Address: 5737 NORDE DR. W.
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROYWILLIAMS JR

TRUS

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date