

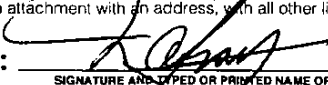


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90056 027 \*\*\*\*61.25

<b>DOCUMENT # 703116</b>					
1. Entity Name FRIENDSHIP PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 5490 W 12TH AVE HIALEAH, FL 33012		Mailing Address 5490 W 12TH AVE HIALEAH, FL 33012		<b>50007424</b> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-6568853	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PYKE, WILLARD 19220 S ST ANDREWS DR MIAMI LAKES, FL 33015				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYKE, WILLARD			NAME	
STREET ADDRESS	19220 S ST ANDREWS DR			STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, ALLEINE			NAME	
STREET ADDRESS	6320 W. 8TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, CARLOS JR			NAME	
STREET ADDRESS	14731 SW 53 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, MIGUEL			NAME	
STREET ADDRESS	<del>771 NW 129 AVE</del>			STREET ADDRESS	1300 SW 67 AVE
CITY-ST-ZIP	<del>MIAMI, FL 33182</del>			CITY-ST-ZIP	MIAMI FL 33144
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEPERO, RAFAEL			NAME	LOWERY, BARBARAH.
STREET ADDRESS	8822 NW 147 LANE			STREET ADDRESS	7330 W 15 AVE
CITY-ST-ZIP	MIAMI, FL 33018			CITY-ST-ZIP	HIALEAH, FL 33014
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	BRAVO, JOSE
STREET ADDRESS				STREET ADDRESS	8970 Hollybrook Blvd. # 204
CITY-ST-ZIP				CITY-ST-ZIP	Pembroke Pines, FL 33025
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: 		Treasurer 1/24/05 (305) 262-3640		Date Daytime Phone #	
Miguel Alvarez					