

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996. AMOUNT DUE ON OR BEFORE 8/9/96: \$188 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$188)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 19 AM 11:44

**DOCUMENT # 703207 (1)**

1. Corporation Name  
**FRIENDSHIP MISSIONARY BAPTIST CHURCH OF WEST PALM BEACH**

Principal Place of Business Mailing Address  
**718 THIRD ST. WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/16/1961** 3a. Date of Last Report **08/18/1994**  
4. FEI Number **65-0295533** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**JACKSON, MARTHA B.  
210 N.E. 19TH AVE.  
BOYNTON BEACH FL 33435**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMLESS, JOSEPH	12 NAME	
STREET ADDRESS	969 32ND STREET	13 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	14 CITY - ST - ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLING, KENNETH REV.	22 NAME	
STREET ADDRESS	819 SOUTH MAGONIA CIRCLE	23 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, CHARLES	32 NAME	
STREET ADDRESS	720 WEST 6TH STREET	33 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKES, ABRIN	42 NAME	
STREET ADDRESS	1304 9TH STREET	43 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	44 CITY - ST - ZIP	
TITLE	T	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KING D.	52 NAME	
STREET ADDRESS	1811 WEST 12TH COURT	53 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL	54 CITY - ST - ZIP	
TITLE	T	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARTHA B.	62 NAME	
STREET ADDRESS	210 NORTHEAST 19TH AVENUE	63 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: King D. Jackson Date: 6-12-95 407-844-1006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

CR2E037 (3/95)