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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703207 (1)

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



Principal Place of Business 718 THIRD ST. WEST PALM BEACH FL 33401	Mailing Address 718 THIRD ST. WEST PALM BEACH FL 33401-4106
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3. Date Incorporated or Qualified 11/16/1961	3a. Date of Last Report 02/09/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0295533	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 KING D. JACKSON
82 Street Address (P.O. Box Number is Not Acceptable) 1611 W. 12 COURT
83
84 City RIVIERA BEACH
85 Zip Code FL 33404

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: King D. Jackson DATE: 2-8-97

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	HORNE, ROBERT	
STREET ADDRESS	1307 11TH COURT	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLIE, HARRY	
STREET ADDRESS	1367 10TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PORTER, CHARLES	
STREET ADDRESS	720 WEST 6TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEWIS, DORITY	
STREET ADDRESS	706 CLEAR LAKE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACKSON, KING D.	
STREET ADDRESS	1611 WEST 12TH COURT	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, MARTHA B.	
STREET ADDRESS	210 NORTHEAST 19TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MATTHEWS, MARTHA B.
6.3 STREET ADDRESS	1084- ANDERSON LANE
6.4 CITY-ST-ZIP	LAKE WORTH, FLORIDA 33467

14. I do 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: King D. Jackson DATE: 1-12-97 (H) 561-844-1006 (O) 561-832-9312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)