

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90005 036 \*\*\*\*70.00



<b>DOCUMENT # 703207</b>	
1. Entity Name <b>FRIENDSHIP MISSIONARY BAPTIST CHURCH OF WEST PALM BEACH</b>	
Principal Place of Business <b>718 3RD STREET N-A WEST PALM BEACH FL 33401</b>	Mailing Address <b>718 3RD STREET N-A WEST PALM BEACH FL 33401</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>65-0295533</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>ANDREW, RANDOLPH 1001 36TH STRET D114 WEST PALM BEACH FL 33407</b>		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	RANDOLPH, ANDREW 1001 36TH STREET, #D114 WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLIE, HARRY 1367 10TH STREET WEST PALM BEACH FL <input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, KING DAVID 1611 W 12TH COURT RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, DORITY 706 CLEAR LAKE AVENUE WEST PALM BEACH FL <input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEOPLES, EDDIE J 817 43RD STREET WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, BERTHA S 2337 "Z" TERRACE RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	T 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:** *Bertha S. Price* **BERTHA S. PRICE** **5/7/04** **561-682-6015**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #