


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90096 021 ****61.25

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

50050080



1st MOORE CR2E037 (10/04)

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

FILE NOW: 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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANDOLPH, ANDREW		NAME		
STREET ADDRESS	1001 36TH STREET, #D114		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILLIE, HARRY		NAME		
STREET ADDRESS	1367 10TH STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete <i>Deceased</i>	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, KING DAVID		NAME		
STREET ADDRESS	1611 W. 12TH COURT		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, DORITY		NAME		
STREET ADDRESS	706 CLEAR LAKE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEOPLES, EDDIE J		NAME		
STREET ADDRESS	817 43RD STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRICE, BERTHA S		NAME		
STREET ADDRESS	2337 "Z" TERRACE		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		

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** *5/1/05* **56482-6015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #