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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 30 AM 10:46

DOCUMENT # **757384** **(3)**

1. Corporation Name

FRIENDSHIP BAPTIST CHURCH OF IMMOKALEE, FLORIDA, INC.

Principal Place of Business	Mailing Address
801 N 11TH ST IMMOKALEE FL 33934	PO BOX 580 IMMOKALEE FL 33934 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1981
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2376139 ☐ 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 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

COLDING, RUTH A
718 NORTH 15TH STREET
IMMOKALLE FL 33934

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	PD	☒ Change ☐ Addition
NAME	DUPREE, HARVEY	12 NAME	JERRY KINNEY	
STREET ADDRESS	912 TAYLOR TERR	13 STREET ADDRESS	1115 MAYORIE ST.	
CITY-ST-ZIP	IMMOKALEE FL	14 CITY-ST-ZIP	IMMOKALEE, FL. 33934	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	COOK, GLEN	22 NAME		
STREET ADDRESS	904 TAYLOR TERR	23 STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE FL	24 CITY-ST-ZIP		
TITLE	~~ST~~	31 TITLE	ST	☒ Change ☐ Addition
NAME	DUPREE, EDITH ANN	32 NAME	JOANNA TRSKIN	
STREET ADDRESS	912 TAYLOR TERR	33 STREET ADDRESS	518 LAKESHORE DRIVE.	
CITY ST ZIP	IMMOKALEE FL	34 CITY-ST-ZIP	IMMOKALEE, FL. 33934	
TITLE	TRUS	41 TITLE		☐ Change ☐ Addition
NAME	COLDING, RUTH A	42 NAME		
STREET ADDRESS	718 NORTH 15TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE FL 33934	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	COLDING, WADE	52 NAME		
STREET ADDRESS	718 N 15TH ST (HWY 29)	53 STREET ADDRESS		
CITY ST ZIP	IMMOKALEE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	TRUS	☐ Change ☒ Addition
NAME		62 NAME	ROY L. PEACOCK	
STREET ADDRESS		63 STREET ADDRESS	P. O. BOX 5164, St. Rd. 82	
CITY ST ZIP		64 CITY ST ZIP	IMMOKALEE, FL. 33934	

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 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: Wade M. Colding Wade M. Colding 2/27/94 (813) 657-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060333