

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

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90080 020 \*\*\*\*61.25

**DOCUMENT # N99000001775**

1. Entity Name

FRIENDSHIP MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business

503 MYRTLE ST.  
DUNDEE FL 33838

Mailing Address

P.O. BOX 1847  
DUNDEE FL 33838

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, JAMES  
102 LANDING WAY, APT 9E  
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name ROSETTA GUNTER  
Street Address (P.O. Box Number is Not Acceptable)  
612 TOWER POINT CIR  
LAKEWALKS FLA.  
City FL Zip Code 33859

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

*Rose Gunter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLAND, EDWARD	
STREET ADDRESS	403 RENEE DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, LOU	
STREET ADDRESS	627 CAMEL LN	
CITY-ST-ZIP	POINCIANA FL 34759	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NORMAN, SAMARTIA	
STREET ADDRESS	PO BOX 716	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROADERS, LEROY	
STREET ADDRESS	216 JANE AVE	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, MOSES	
STREET ADDRESS	410 AVENUE O NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDY, GEORGE	
STREET ADDRESS	P.O. BOX 472	
CITY-ST-ZIP	DUNDEE FL 33838	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SHIRLEY CLINCY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	210 FLORIDA AVE	
STREET ADDRESS	DUNDEE FLA. 33838	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Edward Bland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/04  
Date

863 439 3732  
Daytime Phone #