

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

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90007 025 ****70.00

DOCUMENT # 702658
1. Entity Name
THE GREATER FRIENDSHIP BAPTIST CHURCH OF DAYTONABEACH, FL INC.



Principal Place of Business Mailing Address
539 GEORGE W. ENGRAM BLVD. DAYTONA BEACH FL 32114-2639 US **539 GEORGE W. ENGRAM BLVD. DAYTONA BEACH.FL 32114-2639 US**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-2769695** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCKENZIE, REVEREND JOHN
420 FLETCHER AVENUE
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent
Name **DR. LAWRENCE R. DURNAM**
Street Address (P.O. Box Number is Not Acceptable) **539 George W. Engram Blvd**
City **Daytona Beach** FL Zip Code **32114**

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 *Dr. Lawrence R. Durnam* DATE **1-26-04**
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, 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	D	<input type="checkbox"/> Delete
NAME	TOOLEY, OSCAR	
STREET ADDRESS	901 MAGNOLIA AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUSTON, GEORGE	
STREET ADDRESS	701 MAGNOLIA AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUTLER, JOYCE	
STREET ADDRESS	909 OAK ST.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JAMES	
STREET ADDRESS	1332 GNSBERG DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHARLES	
STREET ADDRESS	1032 GREAT OAKS DRIVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCARLETT, CARLTON	
STREET ADDRESS	318 JEFFERSON ST	
CITY-ST-ZIP	DAYTON BCH. FL	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Carlton Scarlett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1-27-04** DAYTIME PHONE #: **386-252-0322**