

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

07-06-2006 90002 046 \*\*\*\*70.00

**DOCUMENT # 702658**



1. Entity Name  
**THE GREATER FRIENDSHIP BAPTIST CHURCH OF DAYTONA BEACH, FL INC.**

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

**50021555**



07032006 Chg-NP CR2E037 (4/06)

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

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

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**DURHAM, LAWRENCE R**  
**539 GEORGE W ENGRAM BLVD**  
**DAYTONA BEACH, FL 32114**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRES</b><br><b>DURHAM, LAWRENCE R</b><br><b>110 ALEATHA DRIVE</b><br><b>DAYTONA BCH, FL 32114</b> <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>HOUSTON, GEORGE</b><br><b>701 MAGNOLIA AVENUE</b><br><b>DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SEC</b><br><b>BUTLER, JOYCE</b><br><b>909 OAK ST.</b><br><b>DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TRUS</b><br><b>SMITH, JAMES</b><br><b>1332 GNSBERG DR</b><br><b>DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TRUS</b><br><b>WILLIAMS, CHARLES</b><br><b>1032 GREAT OAKS DRIVE</b><br><b>HOLLY HILL, FL 32117</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREA</b><br><b>SCARLETT, CARLTON</b><br><b>318 JEFFERSON ST</b><br><b>DAYTON BCH., FL 32114</b> <input type="checkbox"/> Delete                |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP</b><br><b>Smith, James</b><br><b>1333 Ginsberg Drive</b><br><b>Daytona Bch, FL 32117</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Sac</b><br><b>Clayton, Bobby J.</b><br><b>133 Aleatha Drive</b><br><b>Daytona Bch, FL 32114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Trustee</b><br><b>Gibson, Ronald</b><br><b>112 Dianna Drive</b><br><b>Daytona Bch, FL 32114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Trustee</b><br><b>Bates, Bettye D.</b><br><b>1071 N. Gertrude Court</b><br><b>Daytona Bch, FL 32117</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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:** Dr. L. Ronald Durham (Dr. L. Ronald Durham) **7/3/06** **386-252-0322**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #