

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700224

**Entity Name:** FRIENDSHIP MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC4675233358**

**Current Principal Place of Business:**

7141 NEW KINGS ROAD  
JACKSONVILLE, FL 32219-3870

**Current Mailing Address:**

7141 NEW KINGS RD  
JACKSONVILLE, FL 32219-3870

**FEI Number: 59-2648620**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CLARK, CARLOS ASR  
10236 MANORVILLE DR  
JACKSONVILLE, FL 32221 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name WILLIAMS, LEROY JR  
Address 5737 NORDE DR W.  
City-State-Zip: JACKSONVILLE FL 32244

Title S  
Name ALBERTIE, CORA MS  
Address 7142 NEW KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32219

Title TR  
Name HAYNES, POMMIE LTR  
Address 7141 NEW KINGS RD  
City-State-Zip: JACKSONVILLE FL 32219

Title T  
Name WARE, WINSTON  
Address 5017 LINCOLN CIR S  
City-State-Zip: JACKSONVILLE FL 32209

Title S  
Name PERRY, EARLENE KS  
Address 6526 RIBAUTL RD.  
City-State-Zip: JACKSONVILLE FL 32209

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LEROY WILLIAMS**

**CHAIRMAN OF TRUSTEES 01/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date