

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90048 048 ****61.25

DOCUMENT # 702463

1. Entity Name

**FRIENDSHIP BAPTIST CHURCH INCORPORATED OF
MALONE, FLORIDA**



Principal Place of Business

**5507 FRIENDSHIP CHURCH RD.
MALONE FL 32445**

Mailing Address

**5507 FRIENDSHIP CHURCH RD.
P.O. BOX 626
MALONE FL 32445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

**HOLT, FLOYD
6410 HWY 2
BASCOM FL 32423**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEE IS \$61.25
Due By May 1, 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 PD ☐ Delete
NAME CALLOWAY, KIMBALL D
STREET ADDRESS 5931 15TH ST
CITY-ST-ZIP MALONE FL 32445

TITLE VD ☐ Delete
NAME BAXTER, THOMAS
STREET ADDRESS 5299 BAXTER RD
CITY-ST-ZIP MALONE FL

TITLE SD ☐ Delete
NAME BAXTER, NORMAN
STREET ADDRESS 53733 11TH STREET
CITY-ST-ZIP MALONE FL

TITLE T ☐ Delete
NAME HOLT, FLOYD
STREET ADDRESS 6410 HW 2
CITY-ST-ZIP BASCOM FL

TITLE D ☐ Delete
NAME FLOYD, BEN
STREET ADDRESS 5894 OLD US RD
CITY-ST-ZIP MALONE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Ben Floyd Church Trustee

2/16/06

850-569-2379