

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90264 010 ****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**

50000367



01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT 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 **Holt Floyd**

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

Holt Floyd
HOLT FLOYD

Treasurer
TREASURER

1/6/07
1/6/07

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CALLOWAY, KIMBALL D
STREET ADDRESS 5931 15TH ST
CITY-ST-ZIP MALONE, FL 32445

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **FLOYD, Holt**
STREET ADDRESS **6410 Hwy 2**
CITY-ST-ZIP **BASCOM FL 32423**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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:

Holt Floyd
HOLT FLOYD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/07
1/6/07
Date

850-569-2379
850-569-2379
Daytime Phone #