

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702463

FILED
Mar 11, 2009
Secretary of State

Entity Name: FRIENDSHIP BAPTIST CHURCH INCORPORATED OF MALONE, FLORIDA

Current Principal Place of Business:

5507 FRIENDSHIP CHURCH RD.
MALONE, FL 32445

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLT, FLOYD
6410 HWY 2
BASCOM, FL 32423 US

Name and Address of New Registered Agent:

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

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALLOWAY, KIMBALL D
Address: 5931 15TH ST
City-St-Zip: MALONE, FL 32445

Title: VD () Delete
Name: BAXTER, THOMAS,
Address: 5299 BAXTER RD
City-St-Zip: MALONE, FL

Title: SD () Delete
Name: HALL, GREGORY
Address: 4293 HALL RD
City-St-Zip: MALONE, FL 32445

Title: T () Delete
Name: HOLT, FLOYD
Address: 6410 HW 2
City-St-Zip: BASCOM, FL 32423

Title: D () Delete
Name: FLOYD, BEN,
Address: 5894 OLD US RD
City-St-Zip: MALONE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CALLOWAY, KIMBALL D
Address: 5931 15TH ST
City-St-Zip: MALONE, FL 32445

Title: T (X) Change () Addition
Name: BAXTER, THOMAS,
Address: 5299 BAXTER RD
City-St-Zip: MALONE, FL

Title: T (X) Change () Addition
Name: HALL, GREGORY
Address: 4293 HALL RD
City-St-Zip: MALONE, FL 32445

Title: T (X) Change () Addition
Name: FLOYD, HOLT
Address: 6410 HW 2
City-St-Zip: BASCOM, FL 32423

Title: T (X) Change () Addition
Name: FLOYD, BEN,
Address: 5894 OLD US RD
City-St-Zip: MALONE, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HOLT FLOYD

T

03/11/2009

Electronic Signature of Signing Officer or Director

Date