

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # 703116

1. Entity Name
FRIENDSHIP PRESBYTERIAN CHURCH, INC.



Principal Place of Business

**5490 W 12TH AVE
HIALEAH, FL 33012**

Mailing Address

**5490 W 12TH AVE
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6568853

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PYKE, WILLARD
19220 S ST ANDREWS DR
MIAMI LAKES, FL 33015**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000783861
01/16/08-80031-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PYKE, WILLARD 19220 S ST ANDREWS DR MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, MIGUEL 1300 SOUTHWEST 67 AVENUE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEN, LEON 1900 W 68 ST #A-305 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAVO, JOSE 8970 HOLLYBROOK BOULEVARD #204 PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 305 262-3640
Date Daytime Phone #