2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# 703116

Entity Name: FRIENDSHIP PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

5490 W 12TH AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

5490 W 12TH AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 59-6568853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PYKE, WILLARD	
Address:	19220 S ST ANDREWS DR	
City-St-Zip:	MIAMI LAKES, FL	
Title:	TD	( ) Delete
Name:	ALVAREZ, MIGUEL	
Address:	1300 SOUTHWEST 67 AVENUE	
City-St-Zip:	MIAMI, FL 33144	
Title:	D	( ) Delete
Name:	HARDEN, LEON	
Address:	1900 W 68 ST #A-305	
City-St-Zip:	HIALEAH, FL 33014	
Title:	SD	( ) Delete
Name:	BRAVO, JOSE	
Address:	8970 HOLLYBROOK BOULEVARD #204	
City-St-Zip:	PEMBROKE PINES, FL 33025	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HARDEN, FRANCIS L	
Address:	1900 W 68 ST #A-305	
City-St-Zip:	HIALEAH, FL 33014	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: MIGUEL ALVAREZ TRES 03/04/2009

Electronic Signature of Signing Officer or Director — Date