

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 707856**

1. Entity Name  
**FRIENDSHIP BAPTIST CHURCH OF HALLANDALE,  
FLORIDA, INC.**



Principal Place of Business  
**620 NORTH WEST SECOND AVE  
HALLANDALE, FL 33009**

Mailing Address  
**620 NORTH WEST SECOND AVE  
HALLANDALE, FL 33009**



03052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**70-7856000**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**INGRAM, SR, ROBERT REV  
4540 S.W. 21ST STREET  
HOLLYWOOD, FL 33023**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000559012  
03/16/07-80014-004 70.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
INGRAM, SR, ROBERT E REV  
4540 S.W. 21ST STREET  
HOLLYWOOD, FL 33023**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
THOMPSON, BETTY  
3311 SW 32ND CTT  
HOLLYWOOD, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FIELDS, FRANK  
4635 SW 18TH STREET  
HOLLYWOOD, FL 33023**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BATES, AUGUS  
2515 SW 44TH AVE  
HOLLYWOOD, FL 33023**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ADAMS, EDITH  
607 NW 3RD CT  
HALLANDALE, FL 33009**

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:**

*Edith Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/07**  
Date

**(954) 801-4425**  
Daytime Phone #