2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# 707856

Entity Name: FRIENDSHIP BAPTIST CHURCH OF HALLANDALE, FLORIDA, INC.

Current Principal Place of Business:

620 NORTH WEST SECOND AVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

620 NORTH WEST SECOND AVE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 70-7856000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

INGRAM, SR, ROBERT REV
4540 S.W. 21ST STREET
HOLLYWOOD, FL 33023 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:	P	( ) Delete
Name:	INGRAM, SR, ROBERT E REV	
Address:	4540 S.W. 21ST STREET	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	S	( ) Delete
Name:	THOMPSON, BETTY	
Address:	3311 SW 32ND CTT	
City-St-Zip:	HOLLYWOOD, FL	
Title:	D	( ) Delete
Name:	FIELDS, FRANK	
Address:	4635 SW 18TH STREET	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	D	( ) Delete
Name:	BATES, AUGUS	
Address:	2515 SW 44TH AVE	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	D	( ) Delete
Name:	ADAMS, EDITH	
Address:	607 NW 3RD CT	
City-St-Zip:	HALLANDALE`, FL 33009	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: EDITH DELORES ADAMS MS. 07/06/2009

Electronic Signature of Signing Officer or Director — Date