


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90336 037 \*\*\*\*61.25

<b>DOCUMENT # 712979</b> 1. Entity Name <b>FRIENDSHIP MISSIONARY BAPTIST CHURCH</b>			
Principal Place of Business <b>3300-31ST ST. S. ST PETERSBURG FL 33712 US</b>		Mailing Address <b>3300-31ST ST. S. ST PETERSBURG FL 33712 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 15014</b> <del>St. Petersburg, FL 33733</del>	
City & State  Zip      Country		City & State <b>St. Petersburg, FL</b> Zip      Country <b>33733      US</b>	
6. Name and Address of Current Registered Agent  <b>CULBERSTON, EDWARD 3800 CENTRAL AVE. SAINT PETERSBURG FL 33711</b>		4. FEI Number <b>59-1888455</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		MOORE      CR2E037 (11/03)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	VD NIXON, NATHANIEL 1121 ASTURIA WAY SOUTH ST. PETERSBURG FL	TITLE	D Hammond, Darren 6825 15th St. S St. Petersburg, FL 33705
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD LAMBERT, OLIVIA 6250 19 ST SOUTH ST. PETERSBURG FL	TITLE	D McClendon, William 5059 39th St. S St. Petersburg, FL 33711
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WADE, FLOYD 1049 13TH AVE SO ST PETERSBURG FL	TITLE	D Talbert, Katherine 4090 Bluefish Dr. St. Petersburg, FL 33705
NAME	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD NEWKIRK, LELIA M. 4060 10TH AVE. SO. ST PETERSBURG FL	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD JENKINS, LENTON ALLEN, JR 768-16TH AVE. S. ST PETERSBURG FL	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VTD JOHNS, CHARLOTTE 3526 14TH AVENUE S LARGO FL 33771	TITLE	
NAME	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Olivia Lambert*  
**Olivia Lambert, Financial Sect.**

**April 13, 2004 (727) 906-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #