

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90232 028 *****61.25

DOCUMENT # 712979 1. Entity Name FRIENDSHIP MISSIONARY BAPTIST CHURCH					
Principal Place of Business 3300-31ST ST. S. ST PETERSBURG FL 33712 US		Mailing Address P.O. BOX 15014 SAINT PETERSBURG FL 33733 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1888455 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent CULBERSTON, EDWARD 3800 CENTRAL AVE. SAINT PETERSBURG FL 33711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NIXON, NATHANIEL 1121 ASTURIA WAY SOUTH ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Talbert, Katherine 4090 Bluefish Dr. St. Petersburg, Fl 33705	<input type="checkbox"/> Change <input type="checkbox"/> Addition Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LAMBERT, OLIVIA 6250 19 ST SOUTH ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gillete, <i>Rushon</i> 3069 Branch Dr. Clearwater, Fl 33760	<input type="checkbox"/> Change <input type="checkbox"/> Addition XX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMMOND, DARREN 6825 15TH ST. S SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Webb, Henry 3801 38th St. S St. Petersburg, Fl 33711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NEWKIRK, LELIA M. 4060 10TH AVE. SO. ST PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Wesley, William 1753 66th Ave. S St. Petersburg, Fl 33712	<input type="checkbox"/> Change <input type="checkbox"/> Addition XX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JENKINS, LENTON ALLEN, JR 768-16TH AVE. S. ST PETERSBURG FL	<input type="checkbox"/> Delete	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: <i>Olivia Lambert</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			April 22, 2005 (727) 906-8300 Date Daytime Phone #		