2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712979

Apr 11, 2006 Secretary of State

Entity Name: FRIENDSHIP MISSIONARY BAPTIST CHURCH

Current Principal Place of Business: New Principal Place of Business:

3300-31ST ST. S

ST PETERSBURG, FL 33712 LIS

Current Mailing Address: New Mailing Address:

P.O. BOX 15014

SAINT PETERSBURG, FL 33733 US

FEI Number: 59-1888455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CULBERSTON, EDWARD 3800 CENTRAL AVE.

SAINT PETERSBURG, FL 33711 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

TALBERT, KATHERINE Name: SMITH, LENA Name: 4090 BLUEFISH DR Address: 2626 22ND AVE. S Address:

City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: SAINT PETERSBURG, FL 33712

Title: SD Title: (X) Change () Addition () Delete LAMBERT, OLIVIA Name: LAMBERT, OLIVIA Name:

Address: 6250 19 ST SOUTH Address: 6250 19TH ST. S City-St-Zip: ST. PETERSBURG, FL City-St-Zip: ST. PETERSBURG, FL 33712

Title: () Delete Title: (X) Change () Addition

HAMMOND, DARREN NESBITT, NAOMI Name: Name: 2810 KIPPS COLONY DR. S Address: 6825 15TH ST. S Address:

City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: SAINT PETERSBURG, FL 33707

Title: SD () Delete Title: SD (X) Change () Addition

Name: NEWKIRK, LELIA M., Name: NEWKIRK, LELIA M Address: 4060 10TH AVE. SO. Address: 4060 10TH AVE. SO. City-St-Zip: ST PETERSBURG, FL City-St-Zip: ST PETERSBURG, FL 33711

Title: () Delete Title: (X) Change () Addition

JENKINS, LENTON ALLE, N,JR JENKINS, LENTON A JR. Name: Name: 768-16TH AVE.,S. 1057 55TH AVE. S Address: Address:

City-St-Zip: ST PETERSBURG, FL City-St-Zip: ST PETERSBURG, FL 33705

Title: () Delete Title: () Change () Addition

MCCLENDON, WILLIAM Name: Name: Address: 5059 39TH ST., S Address: SAINT PETERSBURG, FL 33711 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: OLIVIA LAMBERT **FSD** 04/11/2006