

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 719758

1. Entity Name

FRIENDSHIP PRIMITIVE BAPTIST CHURCH, OF
MEDART, FLORIDA, INC.



Principal Place of Business

165 FRIENDSHIP RD.
CRAWFORDVILLE FL 32327

Mailing Address

41 DESMOND ST.
CRAWFORDVILLE FL 32327



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2990789

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, W. E
41 DESMOND ST.
CRAWFORDVILLE FL 32327

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PAYNE, WILLIAM M
STREET ADDRESS 203 FRIENDSHIP RD.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE D ☐ Delete
NAME CARROLL, W. E
STREET ADDRESS 41 DESMOND ST.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE D ☐ Delete
NAME MCMILLIAN, FINLEY L
STREET ADDRESS 286 MASHES SANDS RD.
CITY-ST-ZIP PANACEA FL 32346

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
U00000611819
02/02/07-80070-019 61.25

☐ Change ☐ Addition
U00000614366
02/06/07-80024-019 61.25

☐ Change ☐ Addition
U00000614366
02/06/07-80024-020 8.75

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *W. E. Carroll / W. E. Carroll* *Dep Secy / Treasurer* 1-29-07 - 850-926-5311