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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734290** **(0)**

1. Corporation Name

FRIENDSHIP BIBLE CHURCH OF THE CHRISTIAN AND MIS SIONARY ALLIANCE, INC.

Principal Place of Business	Mailing Address
CORNER OF HWY 21 AND ORCHID P. O. BOX 1007 KEYSTONE HEIGHTS FL 32656	CORNER OF HWY 21 AND ORCHID P. O. BOX 1007 KEYSTONE HEIGHTS FL 32656-1007

3. Date Incorporated or Qualified: 11/12/1975
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 23-7292421 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEWELL, PAUL D.
THE NEWELL BUILDING, 12 LAWRENCE BLVD.
KEYSTONE HEIGHTS FL 33646

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, PAUL		1.2 NAME	
STREET ADDRESS	7689 ROSE LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGTS. FL		1.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HICKS, CHARLES		2.2 NAME	
STREET ADDRESS	420 PALMETTO ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGTS. FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, BOB		3.2 NAME	
STREET ADDRESS	RT 1, BOX 327-M		3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EASTERLING, KERMIT		4.2 NAME	
STREET ADDRESS	6991 GATOR BONE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul Howard Paul Howard 3-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0011748