2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 734290

1. Entity Name
FRIENDSHIP BIBLE CHURCH OF THE CHRISTIAN AND MISSIONARY 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

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01152004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STANLEY, DAVID
STREET ADDRESS	1801 STATEROAD 100
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	VD
NAME	BAKER, BOB
STREET ADDRESS	244 SE 35TH ST.
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	T
NAME	GEIGER, DAVID
STREET ADDRESS	1355 APPERSON WAY
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/04-80059-004 61.25

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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: _____ Treasurer 2/11/2004 352-473-2713
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #