

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90077 042 \*\*\*\*61.25

**DOCUMENT # 734290**

1. Entity Name  
**FRIENDSHIP BIBLE CHURCH OF THE CHRISTIAN AND  
MISSIONARY ALLIANCE, INC.**



Principal Place of Business  
**CORNER OF HWY 21 AND ORCHID  
P. O. BOX 1007  
KEYSTONE HEIGHTS, FL 32656**

Mailing Address  
**CORNER OF HWY 21 AND ORCHID  
P. O. BOX 1007  
KEYSTONE HEIGHTS, FL 32656**

40014603



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**23-7292421**

Applied For  
Not Applicable

Zip Country

Zip Country

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

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

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 PD ☒ Delete  
NAME STANLEY, DAVID  
STREET ADDRESS 1801 STATEROAD 100  
CITY-ST-ZIP MELROSE, FL 32666

TITLE VD ☐ Delete  
NAME BAKER, BOB  
STREET ADDRESS 244 SE 35TH ST.  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE T ☐ Delete  
NAME GEIGER, DAVID  
STREET ADDRESS 1355 APPERSON WAY  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Director*  
NAME *Baker, Bob*  
STREET ADDRESS *244 SE 35th Street*  
CITY-ST-ZIP *KeyStone Heights, FL 32656*

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

TITLE ☐ Change ☒ Addition  
NAME *Director*  
NAME *Coleman, Paul*  
STREET ADDRESS *Po Box 1007*  
CITY-ST-ZIP *KeyStone Heights, FL 32656*

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/27/2005 352-235-6179*  
Date Daytime Phone #