

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 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  
**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**



01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-7292421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D COLEMAN, PAUL P.O. BOX 1007 KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BAKER, BOB 244 SE 35TH ST. KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T GEIGER, DAVID 1355 APPERSON WAY KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**1/3/2006 352-473-2713**  
Date Daytime Phone #