

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 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**



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLEMAN, PAUL
STREET ADDRESS	P.O. BOX 1007
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D
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	

000000606691
01/31/07-80007-013 61.25

**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

Date

Daytime Phone #

352-473-2713