2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734290

1. Entity Name

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



Principal Place of Business Mailing Address CORNER OF HWY 21 AND ORCHID CORNER OF HWY 21 AND ORCHID P. O. BOX 1007 P. O. BOX 1007 KEYSTONE HEIGHTS FL 32656 KEYSTONE HEIGHTS FL 32656 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip

FILED Mar 04, 2003 8:00 am Secretary of State 03-04-2003 90075 039 ****61.25



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-7292421 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent Name

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

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

Zip Code

8. The above named entity submits the 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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition NAME STANLEY, DAVID NAME STREET ADDRESS = 1801 STATERUAD 100 1801 ST**@**ATE ROAD 100 STREET ADDRESS CITY-ST-7IP MELROSE FL 32666 CITY-ST-ZIP MELROSE, FL 32666 TITLE VD ☐ Delete TITLE NAME Baker, Bob NAME STREET ADDRESS 171 HIDDEN LAKE TR 244 SE 35th ST. KEYSTONE HEIGHTS, FL 32656 STREET ADDRESS CITY-ST-ZIP HAWTHORNE FL 32640 CITY-ST-ZIP Delete ----TITLE NAME KIRTLEY, LYNDLE DAVID GEIGER NAME STREET ADDRESS PO BOX 581 1355 APPERSON WAY KEYSTONE HEIGHTS, FL 32656 STREET ADDRESS CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656** CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE CROSS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI