FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. (lestham

Secretary of State DIVISION OF CORPORATIONS

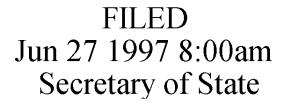
1997 DOCUMENT #

(1)

FRIENDSHIP MISSIONARY BAPTIST CHURCH, INCORPORAT ED, OF GIFFORD, FLORIDA

Principal Place of Business

Mallino Address





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4545 SOTH AVENUE VERO BEACH FL 32960				4545 30TH AVENUE VERO BEACH FL 32967-1212										
									3.	Date Incorporated 06/16/198	0		te of Last F 05/06/1 9)96
,	lace of Business		2a. Mailing Address					4.	. FEI Number APPLIED	FOR 65	0302	707 A		
21				26						AI I LILD	1011			ot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5.	. Certificate of Stat	us Desired			Additional equired
City & State				City & State					6.	Election Campaig	ın Financing		\$5.00	May Be
23				28						Trust Fund Contri				to Fees
Zip	Country			Zip Count 30			ntry	r	B. This corporation has liability for intangible Florida Statutes			tax under s. 199.032,		
24		Address of Curre	,	Registered Agent				10. Name and Address of New Registered Agent						
	g, Hamburto	Addition of Cart	, it i logi	stored Age	***		81	Name				9 ,515,54,7		
TURNER, TOMMY, &							82	Stroot	Addross /	P.O. Box Number is	n Not Accortat	201		
4665 30	TH AVENUE						Street /	Addiess (r	F.O. Box Number is	s Not Acceptat				
VERO BEACH FL 32967							83			٠				
							84	City				FL	85 Zip	Code
11. Pursuant I	to the provisions of	of Sections 617.05	02 and 6	617.1508. F	lorida Statu	tes, the at	3000	l e-named	corporatio	on submits this stat	ement for the p	ourpose of	<u>l</u> changing	its registered
office or re	egistered agent, o	or both, in the State	e of Flori	ida. Such c	hange was	authorized	d by	the corp	poration's l	on submits this state board of directors.	I hereby accep	pt the app	ointment as	s registered
	7/2-2	V	L	12	e	iorida otal	uice				1	5/2	9/91	ワー
SIGNATURE	Signature, typed or print	teg name or registered a	gent and title	e if applicable.	(NO	TE: Registered	d Age	erutangia Inc	required when	n reinstating)		DATE	'/-/-	-
12.		OFFICERS A	ND DIRE	CTORS		13.				ADDITIONS/CHAN	IGES 10 OFFIC	CERS AND	DIRECTO	RS IN 12
TITLE	D			[_	DELETE	1.1 Til	TLE	·					☐ Change	Addition
NAME	MILLER, SAN	MUEL				1.2 NA	AME							
STREET ADDRESS	4715 38TH C	DX 951	351 1.3			1.3 STREET ADDRESS								
CITY-ST-ZIP	VERO BEAC	H FL 32961				1.4 CI	TY-S	T-ZIP						
TITLE	D				DELETE	2.1 10	1LE						☐ Change	☐ Addition
NAME	Turner, to					2.2 NA	AME							į
STREET ADDRESS	AGOS GOVER ALSONIE						2.3 STREET ADDRESS							
CITY-ST-ZIP	VERO BEAC	H FL 32967				2.4 CI	ITY-5	ST-ZIP						
TITLE	D				DELETE	3.1 111	TLE						Change	☐ Addition
NAME	ROSS, MAR					3.2 NA	AME							
STREET ADDRESS	5630 47TH S		56.8	Ω		3.3 ST	REET	ADDRESS						
CITY - ST - ZIP	VERO BEAC	H FL 32967				3.4. C	ITY-S	ST-ZIP]					
TITLE					DELETË	4.1 TI	TLE						Change	Addition
NAME						4. 2 N	AME		1					
STREET ADDRESS						4.3 ST	REET	ADDRESS	1					
CITY-ST-ZIP								I - ZIP						
TITLE					DELETE	5.1 Tif	TLE						☐ Change	Addition
NAME						5.2 N/	AME							
STREET ADDRESS						5.3 ST	REET	ADDRESS						
CITY-ST-ZIP						_		ST-ZIP	ļ				T-1 A:	
TITLE				L	DELETE	6.1 TI	TLE						Change	☐ Addition
NAME						6.2 N/	AME							
STREET ADDRESS						6.3 \$1	TREET	ADDRESS						
CITY-ST-ZIP						6.4 CI	IY-S	iT-ZIP]					

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.