

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                                                        |                                                                                                                                      |                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 752976</b><br>1. Entity Name<br><b>FRIENDSHIP MISSIONARY BAPTIST CHURCH,<br/>INCORPORATED, OF GIFFORD, FLORIDA</b>                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                                                        |                                                                                                                                      |                                                                                       |  |
| Principal Place of Business<br><b>4545 30TH AVENUE<br/>VERO BEACH FL 32967</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                                                                                        | Mailing Address<br><b>4545 30TH AVENUE<br/>VERO BEACH FL 32967</b>                                                                   |                                                                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                              |                                                                             | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |                                                                                                                                      |                                                                                                                                                                        |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | City & State<br><br>Zip      Country                                                                                   |                                                                                                                                      | 4. FEI Number<br><b>65-0302707</b><br>Applied For<br><input type="checkbox"/> Not Applicable                                                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                                                        |                                                                                                                                      | 1st MOORE      CR2E037 (10/07)                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOORE, JERELYN<br/>3045 47TH STE<br/>VERO BEACH FL 32967</b>                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ DATE _____<br><small>(Signature, typed or printed name of registered agent to be filed with this report.) (NOTE: Registered Agent signature required when re-registering)</small> |                                                                             |                                                                                                                        |                                                                                                                                      |                                                                                                                                                                        |  |
| <b>FILE NOW - FEE IS \$61.25<br/>Due By May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      | <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                |                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                         | D<br>MILLER, SAMUEL<br>4715 38TH COURT, P.O. BOX 951<br>VERO BEACH FL 32961 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;"> <b>U00000805985</b><br/> <b>02/06/08-80024-012 61.25</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                         | D<br>TURNER, TOMMY<br>4665 30TH AVENUE<br>VERO BEACH FL 32967               | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                         | D<br>ROSS, MARVIN<br>5620 47TH STREET<br>VERO BEACH FL                      | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                         | C<br>MOORE, JERELYN<br>3045 47TH ST<br>VERO BEACH FL 32967                  | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Samuel Miller*