

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17, 1996 08:00
Secretary of State

DOCUMENT # 758600 (1)
1. Corporation Name
FRIENDSHIP MISSIONARY BAPTIST CHURCH OF FORT PIERCE, FLORIDA, INC.



Principal Place of Business: **1306 AVENUE "E" FORT PIERCE FL 34950-7947**
Mailing Address: **3104 AVENUE R FORT PIERCE FL 34947 US**

3. Date Incorporated or Qualified: **06/02/1981**
3a. Date of Last Report: **04/27/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1840427	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DONALDSON, LAMAR 3104 AVENUE R FORT PIERCE FL 34947				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T OUTLAW, WILLIAM P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3003 AVENUE "O"	1.2 NAME	
STREET ADDRESS	FORT PIERCE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TDP DONALDSON, LAMAR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3104 AVENUE "R"	2.2 NAME	
STREET ADDRESS	FORT PIERCE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TRD DOZIER, KENNETH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	211 N.E. OAK LANE	3.2 NAME	
STREET ADDRESS	PORT ST. LUCIE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D JACKSON, ALFRED JR.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1306 AVENUE E	4.2 NAME	
STREET ADDRESS	FORT PIERCE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S BROWN, ESTELLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1565 S. BALCOURT CT.	5.2 NAME	
STREET ADDRESS	PORT ST. LUCIE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	FGS HENRY, VIVIAN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1504 AVE J	6.2 NAME	
STREET ADDRESS	FT PIERCE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Lamar Donaldson* 4-12-96 464-3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)