FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

758600

(1)

FRIENDSHIP MISSIONARY BAPTIST CHURCH OF FORT PIE RCE, FLORIDA, INC.						
Principal Place of Business		Mailing Address			- I IDBANI ATGOL GANEY HEND OANN OGENA OLEAN BARAN BARAN ONEN DYCKTA GARAN GARAN	
1306 AVENUE "E" FORT PIERCE FL 34950-7947		3104 AVENUE R FORT PIERCE FL 34947 US			3. Date Incorporated or Qualified 06/02/1981 4. FEI Number 59-1840427 Not Applied For	
2. Principal Place of Business 21		2a. Mailing Address 26			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27 City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
City & State		28			7. Is this nonprofit corporation a homeowners association? Yes No	
Zip 24	Country 25		Country 30	y	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
<u></u>	9. Name and Address of Currer	it Hegistered Agent	81	Name	10. Name and Address of New Registered Agent	
			81	Name		
DONALDSON, LAMAR 3104 AVENUE R			82	Street Add	dress (P.O. Box Number Is Not Acceptable)	
FORT PIERCE FL 34947			83			
			84	City	FL 85 Zip Code	
11. Pursuant office or r agent. I a SIGNATURE	m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	rida Statute	s.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
40	Signature, typed or printed name of registered age			ent signature requ	ADDITIONICOLANICES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	OTHER AND CHARLES				_ Situlge _ Notificial	
STREET ADDRESS	S003 AVENUE "Q"		1.2 NAME	T ADDRESS		
	FORT PIERCE FL					
CITY-ST-ZIP TITLE	TDP	DELETE	1.4 CITY - 1 2.1 TITLE	SI-ZIP	☐ Change ☐ Addition	
NAME	DONALDSON, LAMAR	<u></u>	2.2 NAME			
STREET ADDRESS	3104 AVENUE "R"	L. Company		T ADDRESS		
CITY-ST-ZIP	FORT PIENCE FL			ST-ZIP		
TITLE	TRO	DELETE 3.11		01-211	☐ Change ☐ Addition	
NAME	DOZIER,KENNETH	3.2 NA				
STREET ADDRESS	211 N.E. OAK LANE	3.35		ADDRESS :		
CITY-ST-ZIP	PORT ST. LUCIE FL			ST-ZIP		
TITLE	S	DELETE 4.1 TI			☐ Change ☐ Addition	
NAME	BROWN, ESTELLE		4.2 NAME			
STREET ADDRESS	1565 S. BALCOURT CT.		4.3 STREET	I ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		4.4 CITY-5	ST-ZIP		
TITLE	FGS	DELETE	5.1 TITLE		Change Addition	
NAME	HENRY, VIVIAN		5.2 NAME			
. STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-5	1		
TITLE			6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS				ADDRESS		

6.4 CITY - ST - ZIP 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 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.

FILED

Mar 27 1998 8:00am

Secretary of State