FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION RT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNUAL REPO	F
1996	

DOCUMENT #

(2)

FRIENDLY TEMPLE INDEPENDENT CHURCH OF GOD IN CHR IST. INC.

Mailing Address Principal Place of Business 424 W. 24TH ST. %2117 WEST 44TH STREET JACKSONVILLE FL 32206 JACKSONVILLE FL 32209 2a. Mailing Address 2. Principal Place of Business 26

NOT APPLICABLE 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. 27 22 6. Election Campaign Financing City & State City & State Trust Fund Contribution 28 23 Co Zip Zip 30 29 25 24 9. Name and Address of Current Registered Agent

BRINSON, VICTORIA 424 W. 24TH ST. JACKSONVILLE FL 32206

ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FI 85 Zip Code

3. Date Incorporated or Qualified

07/12/1983

4. FEI Number

3a. Date of Last Report 03/30/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

	a, and accept the obligations of, Section 617.050			000	
SIGNATURE _	lignature, typed or printed name of registered agent and title 4 apoli	catile (N	IOTE: Registered Agent signature required whi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	Addition
TITLE	PD	DELETE	1 1 THILE		☐ Multion
NAME	BRINSON, VICTORIA REV.		1.2 NAME		
STREET ADDRESS	424 W. 24TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32206		1.4 CITY-ST-ZIP	Change	Additio
ITLE	VD	DELETE	21 TITLE	Change	L'T YOUND
NAME	KELLY, VALSIE		2.2 NAME		
STREET ADDRESS	1710 W.13TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32206		2 4 City - ST - ZiP	Change	☐ Additio
FITLE	D	DELETE	3 1 TITLE	Change	L.J. Additio
NAME	CORBITT, CHARLES		3 2 NAME		
STREET ADDRESS	6775 GASPER CIRCLE		3.3 STREET ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL		3 4. CITY - ST - ZIP		Additio
TITLE	D	DELETE	4 1 THTLE	Change	Additiv
NAME	MERCER, BARBARA		4. 2 NAME		
STREET AUDRESS	3312 GREEN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		4.4 CITY-ST-ZIP		TO A 4 400
TITLE	D	DELETE	5 1 TITLE	Change	Addition
NAME	SIMMONS, HENRY		5 2 NAME		
STREET ADDRESS	1727 EAST 19TH STREET		5 3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5 4 CITY-ST-ZIP		T Addre
TITLE	D	DELETE	6 1 TITLE	☐ Change	Additi
NAME	HARVEY, CASSANDRA		6.2 NAME		
STREET ADDRESS	1140 KEY DEIRA DR.		6 3 STREET ADDRESS		
STREET AJURESS	INCREMENTE EL 22218		6.4 CITY - ST - ZIP		

1 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 certify 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.

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Apr 5, 1996 (104)-354-1543