

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 17, 1999 8:00 am  
Secretary of State

08-17-1999 90013 015 \*\*\*\*61.25

DOCUMENT # 769325

1. Corporation Name

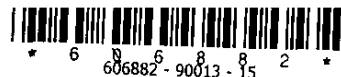
FRIENDLY TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

2117 WEST 44TH STREET  
JACKSONVILLE FL 32209

Mailing Address

2117 WEST 44TH STREET  
JACKSONVILLE FL 32209



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/12/1983

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CORBITT, CHARLES  
2117 WEST 44TH STREET  
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name David Smith  
82 Street Address (P.O. Box Number is Not Acceptable)  
2117 West 44th Street  
83  
84 City Jacksonville FL 85 Zip Code 32209

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 David Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 27, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SMITH, DAVID  
STREET ADDRESS 2117 WEST 44TH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE VPD ☐ DELETE

NAME CORBITT, CHARLES  
STREET ADDRESS 6775 GASPER CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE STD ☐ DELETE

NAME SMITH, THERESA  
STREET ADDRESS 2117 WEST 44TH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ DELETE

NAME SIMMONS, HENRY  
STREET ADDRESS 119 WEST 44TH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE: Theresa Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Smith (704) 7-2799-(904) 358-7289 Home 475-1500-Church

CR2E037 (5/99)

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