

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90020 030 \*\*\*\*61.25

**DOCUMENT # 770787**

1. Entity Name

FRIDAY ROAD WORSHIP CENTER, INC.



Principal Place of Business

1855 N FRIDAY ROAD  
COCOA FL 32926  
US

Mailing Address

1855 N. FRIDAY ROAD  
COCOA FL 32926  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2874667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERKINS, ARNOLD R  
4820 OXEYE AVE  
COCOA FL 32926

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

*ARNOLD R. PERKINS*

SIGNATURE

*Arnold R. Perkins*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

*3-30-06*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete  
NAME PERKINS, DICK  
STREET ADDRESS 1855 FRIDAY RD  
CITY-ST-ZIP COCOA FL

TITLE D ☒ Delete  
NAME ELLIS, DAVID  
STREET ADDRESS 1418 GLENEAGLES WAY  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☐ Delete  
NAME PERKINS, ANITA  
STREET ADDRESS 4820 ONEYE AVE  
CITY-ST-ZIP COCOA FL 32926

TITLE D ☐ Delete  
NAME LYLE, MICHAEL  
STREET ADDRESS 8075 95TH COURT  
CITY-ST-ZIP VERO BEACH FL 32967

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PASTORS ADVISORY BOARD ☐ Change ☒ Addition  
NAME CANDY ELLISON  
STREET ADDRESS 304 CHURCHILL DR  
CITY-ST-ZIP COCOA, FL 32922

TITLE PASTORS ADVISORY BOARD ☐ Change ☒ Addition  
NAME LAURA PERKINS  
STREET ADDRESS 1855 N. FRIDAY RD  
CITY-ST-ZIP COCOA, FL 32926

TITLE THOMAS STUBBS (PASTOR ADVISORY BOARD) ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 310 RIVER ISLAND DR  
CITY-ST-ZIP MERRITT IS, FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *ARNOLD R. PERKINS*  
*Arnold R. Perkins*

*3-30-06* *321-544-0999*