2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 770787

Entity Name: FRIDAY ROAD WORSHIP CENTER, INC.

Current Principal Place of Business:

1855 N FIRDAY ROAD
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

1855 N. FRIDAY ROAD
COCOA, FL 32926 US

New Mailing Address:

FEI Number: 59-2874667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, ARNOLD R
4820 OXEYE AVE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PC	( ) Delete
Name:	PERKINS, DICK	
Address:	1855 FRIDAY RD	
City-St-Zip:	COCOA, FL	
Title:	PAB	( ) Delete
Name:	PERKINS, LAURA	
Address:	1855 N FRIDAY RD	
City-St-Zip:	COCOA, FL 32926	
Title:	D	( ) Delete
Name:	PERKINS, ANITA	
Address:	4820 ONEYE AVE	
City-St-Zip:	COCOA, FL 32926	
Title:	D	( ) Delete
Name:	LYLE, MICHAEL	
Address:	8075 95TH COURT	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	PAB	( ) Delete
Name:	ELLISON, CANDY	
Address:	304 CHURCHILL DR	
City-St-Zip:	COCOA, FL 32922	
Title:	PAB	( ) Delete
Name:	STUBBS, THOMAS	
Address:	310 RIVER ISLAND DR	
City-St-Zip:	MERRITT ISLAND, FL 32953	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD R. PERKINS REV. 01/07/2009

Electronic Signature of Signing Officer or Director — Date