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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006029

1. Entity Name
FRIENDSHIP CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

FILED
05 SEP 13 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA
50065322

Principal Place of Business	Mailing Address
5411 AVERY RD CAMPBELLTON, FL 32426-0000	P.O. BOX 302 CAMPBELLTON, FL 32426-0000

08102005 Chg-NP CR2E037 (10/03)

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 59-3483736 ☐ 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
DANIELS, EARNESTINE 5366 AVERY ROAD CAMPBELLTON, FL 32426	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS RHYNES, HELEN 2458 NEW BETHEL RD CAMPBELLTON, FL 32426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KNOX, NOREATHER 5310 13th Street MALONE, FL 32445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCGRUDER, LOUISE 5445 BROWN ST, APT 602 GRACEVILLE, FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DANIELS, JOE 7990 COUNTY RD 22 EAST ASHFORD, FL 36112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DANIELS, EARNESTINE 5366 AVERY ROAD CAMPBELLTON, FL 32426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBINSON, FLOYD 2759 CAINEHEAD ROAD CAMPBELLTON, FL 32426	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLLAND, WILLIAM 2940 WILBON CAMPBELLTON, FL 32426	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Rev. Earnestine Daniels 850-263-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #