2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006029

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

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

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03072006 No Chg-NP CR2E037 (11/05)

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

DANIELS, ERNESTINE
5366 AVERY ROAD
CAMPBELLTON, FL 32426

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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 May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	RHYNES, HELEN
STREET ADDRESS	2458 NEW BETHEL RD
CITY-ST-ZIP	CAMPBELLTON, FL 32426
TITLE	T
NAME	MCGRUDER, LOUISE
STREET ADDRESS	5445 BROWN ST, APT 602
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	T
NAME	DANIELS, JOE
STREET ADDRESS	7990 COUNTY RD 22 EAST
CITY-ST-ZIP	ASHFORD, FL 36112
TITLE	P
NAME	DANIELS, EARNESTINE
STREET ADDRESS	5366 AVERY ROAD
CITY-ST-ZIP	CAMPBELLTON, FL 32426
TITLE	T
NAME	KNOX, NOREATHER
STREET ADDRESS	5310 13TH STREET
CITY-ST-ZIP	MALONE, FL 32445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80178-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Earnestine Daniels 4/12/06 8502636300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #