

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90125 027 ****61.25

DOCUMENT # N00000006029					
1. Entity Name FRIENDSHIP CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.					
Principal Place of Business 5411 AVERY RD CAMPBELLTON, FL 32426-0000			Mailing Address P.O. BOX 302 CAMPBELLTON, FL 32426-0000		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3483736	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DANIELS, ERNESTINE <i>Howard Earnestine</i> 5366 AVERY ROAD CAMPBELLTON, FL 32426			Name Street Address (P.O. Box Number is Not Acceptable) City		
State: 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGRUDER, LOUISE 5445 BROWN ST, APT 602 GRACEVILLE, FL 32440	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIELS, JOE 7990 COUNTY RD 22 EAST ASHFORD, FL 36112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EARNESTINE, HOWARD 5366 AVERY ROAD CAMPBELLTON, FL 32426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNOX, NOREATHER 5310 13TH STREET MALONE, FL 32445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MECHINS, CLEAO 2701 CAINEHEAD RD CAMPBELLTON, FL 32426	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Meekins, Cleao 2701 Cainehead Rd. Campbellton, FL 32426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Earnestine Howard</i>		Date: <i>4-13-08</i>		Daytime Phone #: <i>850-263-0300</i>	