

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006029

FILED
Jan 26, 2009
Secretary of State

Entity Name: FRIENDSHIP CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

5411 AVERY RD
CAMPBELLTON, FL 324260000

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 302
CAMPBELLTON, FL 324260000

New Mailing Address:

FEI Number: 59-3483736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, EARNESTINE
5366 AVERY ROAD
CAMPBELLTON, FL 32426 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: TS () Delete
Name: RHYNES, HELEN
Address: 2458 NEW BETHEL RD
City-St-Zip: CAMPBELLTON, FL 32426

Title: T () Delete
Name: MCGRUDER, LOUISE
Address: 5445 BROWN ST, APT 602
City-St-Zip: GRACEVILLE, FL 32440

Title: T () Delete
Name: DANIELS, JOE
Address: 7990 COUNTY RD 22 EAST
City-St-Zip: ASHFORD, FL 36112

Title: P () Delete
Name: EARNESTINE, HOWARD
Address: 5366 AVERY ROAD
City-St-Zip: CAMPBELLTON, FL 32426

Title: T () Delete
Name: KNOX, NOREATHER
Address: 5310 13TH STREET
City-St-Zip: MALONE, FL 32445

Title: TS () Delete
Name: MEEKINS, CLEAO
Address: 2701 CAINEHEAD RD
City-St-Zip: CAMPBELLTON, FL 32426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: MCGRUDER, LOUISE
Address: 1082 SANDERS AVENUE APT. B-1
City-St-Zip: GRACEVILLE, FL 32440

Title: T (X) Change () Addition
Name: DANIELS, JONATHAN
Address: 7990 COUNTY RD 22 EAST
City-St-Zip: ASHFORD, FL 36112

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: EARNESTINE HOWARD

REV.

01/26/2009

Electronic Signature of Signing Officer or Director

Date