#### 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

### DOCUMENT # N03883 \*

FRIENDSHIP BAPTIST CHURCH OF DAVENPORT, INC.



**FILED** Apr 25, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

310 43RD STREET DAVENPORT, FL 33836 Mailing Address

PO BOX 1158

DAVENPORT, FL 33836 US



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03042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 05-0144700

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAMP, WALTER 310 43RD STREET DAVENPORT, FL 33836

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE NAME STAMP, WALTER STREET ADDRESS 310 43RD STREET CITY-ST-ZIP DAVENPORT, FL 33836 NAME CLARK, MELVIN STREET ADDRESS 546 SAVANNAH ROAD CITY-ST-ZIP DAVENPORT, FL 33836 NAME SHEPHERD, CORNELIOUS STREET ADDRESS 102 43RD STREET CATY-ST-ZIP DAVENPORT, FL T171 F PHILLIPS, CARL REV STREET ADDRESS **6741 POMEROY CIRCLE** CITY-ST-ZIP ORLANDO, FL 32810 NAME BLAND, JOHN L STREET ADDRESS 107 E. FULLER ST CITY-ST-ZIP DAVENPORT, FL 33836 TITLE CHRISTIAN, CHARLES A STREET ADDRESS 247 BATTLEGROVE DRIVE CITY-ST-ZIP DAVENPORT, FL 33837

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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 eath; 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.

ING OFFICER OR DIRECTOR