2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# N04000000058

Entity Name: GREATER FRIENDSHIP MISSIONARY BAPTIST CHURCH OF CLEWISTON INC.

Current Principal Place of Business:

901 DELLA TOBIAS STREET
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

901 DELLA TOBIAS STREET
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 15-9259074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAIGE, DANIEL R SR
349 NW 16TH ST SUITE 108
BELLE GLADE, FL 33430 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: CD ( ) Delete
Name: CHARERS, AMOS
Address: PO BOX 1392
City-St-Zip: CLEWISTON, FL 33440

Title: CD ( ) Delete
Name: REDD, WILLIE PEARL
Address: 1138 VIRGINIA AVE
City-St-Zip: CLEWISTON, FL

Title: TD ( ) Delete
Name: PEARSON, YOUNG
Address: 1200 MISSISSIPPI AVE
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: CHAVERS, AMOS
Address: PO BOX 1392
City-St-Zip: CLEWISTON, FL 33440

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 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: .AMOS CHAVERS CD 07/14/2006
Electronic Signature of Signing Officer or Director — Date