## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000058

FILED Jun 09, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 901 DELLA TOBIAS STREET CLEWISTON, FL 33440 **Current Mailing Address: New Mailing Address:** 901 DELLA TOBIAS STREET CLEWISTON, FL 33440 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: Name and Address of New Registered Agent: PAIGE, DANIEL R SR 349 NW 16TH ST SUITE 106 BELLE GLADE, FL 33430 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete PAIGE, DANIEL R SR. BROWN, ELEANOR CD Name: Name: 349 N.W. 16TH ST. #106 Address: 901 DELLA TOBIAS ST. Address: City-St-Zip: BELLE GRADE, FL 33430 City-St-Zip: CLEWISTON, FL 33440 Title: CD () Delete Title: CD (X) Change ( ) Addition REDD, WILLIE PEARL Name: REDD, EDDIE Name: Address: 1138 VIRGINIA AVE Address: 1138 VIRGINIA AVE City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: CLEWISTON, FL 33440 Title: () Delete Title: () Change () Addition PEARSON, YOUNG Name: Name: 1200 MISSISSIPPI AVE Address: Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: (X) Change ( ) Addition Title: CD ( ) Delete Title: CD Name: DANIELS, MARY Name: DYKES, BARBARA 901 DELTA TOBIAS STREET Address: Address: 901 DELTA TOBIAS STREET City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: CLEWISTON, FL 33440 Title: () Delete Title: CD ( ) Change (X) Addition BURTON, VONCILE Name: Name: 901 DELLA TOBIAS ST. Address: Address: City-St-Zip: City-St-Zip: CLEWISTON, FL 33440 Title: () Delete Title: ( ) Change (X) Addition MILES. ALBERTA Name: Name: Address: Address: 901 DELLA TOBIAS ST. CLEWISTON, FL 33440 City-St-Zip: 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: ELEANOR BROWN CD 06/09/2009