

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000005297

1. Entity Name

GREATER FRIENDSHIP MISSIONARY BAPTIST CHURCH
OF FT. PIERCE, INC.



FILED
Feb 14, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1221 NORTH 13TH STREET
FORT PIERCE FL 34950

3104 AVENUE R
FORT PIERCE FL 34947



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

34-1996759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALDSON, LAMAR
3104 AVENUE R
FORT PIERCE FL 34947

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Lamar Donaldson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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 ☐ Delete
NAME D
STREET ADDRESS 3108 KENTUCKY AVE
CITY- ST- ZIP FORT PIERCE FL 34947

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000636297
02/26/07-80010-019 61.25

TITLE ☐ Delete
NAME D
STREET ADDRESS 2409 AVENUE M
CITY- ST- ZIP FORT PIERCE FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS 503 SOUTH 32ND
CITY- ST- ZIP FORT PIERCE FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS 3200 AVENUE R
CITY- ST- ZIP FORT PIERCE FL 34947

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS 1708 AVENUE N
CITY- ST- ZIP FORT PIERCE FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lamar Donaldson