

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90058 007 \*\*\*\*61.50

**DOCUMENT # N10634**

1. Entity Name  
**FRIENDSHIP MISSIONARY BAPTIST CHURCH OF  
WINTER HAVEN, INC.**



Principal Place of Business  
**2500 LUCERNE PARK ROAD  
WINTER HAVEN, FL 33881**

Mailing Address  
**1413 4TH ST. NORTH EAST  
WINTER HAVEN, FL 33881**

24034004



**DO NOT WRITE IN THIS SPACE**

03022004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**01-3240063**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STREETER, DR. THOMAS W.  
1413 4TH STREET, NORTHEAST  
WINTER HAVEN, FL 33880**

**DO NOT WRITE  
IN THIS SPACE**

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: Dr. T.W. Streeter 3/27/04  
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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
STREETER, THOMAS W.  
1413 4TH STREET, NE  
WINTER HAVEN, FL Dr. T.W. Streeter

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ROBERTS, COLLIE  
1413 4TH STREET, NE  
WINTER HAVEN, FL Collie R Roberts

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LEONARD, RAYMOND  
1413 4TH STREET, NE  
WINTER HAVEN, FL Raymond Leonard

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
FAGINS, ALGUSTA KEITH  
1413 4TH STREET, NE  
WINTER HAVEN, FL Algesta K. Fagins

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dr. T.W. Streeter 3/27/04 863-293-9887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #