2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# N10634

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

Current Principal Place of Business:

2500 LUCERNE PARK ROAD
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 01-3240063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STREETER, DR. THOMAS W.
1413 4TH STREET, NORTHEAST
WINTER HAVEN, FL 33880 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: D ( ) Delete
Name: STREETER, THOMAS W.,
Address: 1413 4TH STREET, NE
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete
Name: ROBERTS, COLLIE R
Address: 1413 4TH STREET, NE
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete
Name: LEONARD, RAYMOND,
Address: 1413 4TH STREET, NE
City-St-Zip: WINTER HAVEN, FL

Title: S ( ) Delete
Name: FAGINS, ALGUSTA KEIT, H
Address: 1413 4TH STREET, NE
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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: REV. DR. T. W. STREETER RA 01/13/2005

Electronic Signature of Signing Officer or Director — Date