

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10981 (1)

1. Corporation Name

FRIENDSHIP BAPTIST CHURCH DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2814 ORANGE STREET  
MARIANNA FL 32446

2814 ORANGE STREET  
MARIANNA FL 32446



3. Date Incorporated or Qualified

09/05/1985

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3228926

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYANT, ELMORE  
2814 ORANGE STREET  
MARIANNA FL 32446

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BRYANT, ELMORE  
STREET ADDRESS 2814 ORANGE STREET  
CITY-ST-ZIP MARIANNA FL

TITLE D ☐ DELETE

NAME BRYANT, PAUL  
STREET ADDRESS 2814 ORANGE STREET  
CITY-ST-ZIP MARIANNA FL

TITLE VD ☐ DELETE

NAME KENDALL, ORSIE  
STREET ADDRESS 206 S. DAVIE STREET  
CITY-ST-ZIP MARIANNA FL

TITLE SD ☐ DELETE

NAME BRYANT, EULICE  
STREET ADDRESS 2814 ORANGE STREET  
CITY-ST-ZIP MARIANNA FL

TITLE ASD ☐ DELETE

NAME YOUNG, MARY  
STREET ADDRESS 1205 OAK STREET  
CITY-ST-ZIP MARIANNA FL

TITLE TD ☐ DELETE

NAME SMITH, EDDIE JR.  
STREET ADDRESS 2986 OLD US ROAD  
CITY-ST-ZIP MARIANNA FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Elmore Bryant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2

16

96

204

482 3201

Date

Daytime Phone #

CR2E037 (12/95)