

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N18594**

1. Entity Name  
**FRIENDSHIP MISSIONARY BAPTIST CHURCH OF  
CARVER CITY, INC.**



Principal Place of Business  
**4301 W. CYPRESS ST.  
TAMPA, FL 33607**

Mailing Address  
**4301 W. CYPRESS ST.  
TAMPA, FL 33607**



05082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2679160**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**CALHOUN, LILLIE  
3130 W. LAMBRIGHT ST.  
#524  
TAMPA, FL 33614**

**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 \_\_\_\_\_

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 September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GOLDEN, MARSHALL
STREET ADDRESS	5310 E 20TH AVE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	C
NAME	WILLIAMS, GERTRUDE
STREET ADDRESS	4323 NASSAU ST.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	S
NAME	CALHOUN, LILLIE
STREET ADDRESS	3130 W. LAMBRIGHT ST., #524
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	T
NAME	MCNEAL, JOYCE
STREET ADDRESS	8301 ASH AVENUE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/26/07-80003-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

*Lillie Calhoun*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/13/07*  
Date

*813-872-1211*  
Daytime Phone #