

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18594

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4301 W. CYPRESS ST.  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4301 W. CYPRESS ST.  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-2679160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALHOUN, LILLIE  
3130 W. LAMBRIGHT ST.  
#524  
TAMPA, FL 33614 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: GOLDEN, MARSHALL  
Address: 5310 E 20TH AVE  
City-St-Zip: TAMPA, FL 33619

Title: C ( ) Delete  
Name: CROSS, JACK  
Address: 17671- A JAMESTOWN WAY  
City-St-Zip: LUTZ, FL 33558

Title: S ( ) Delete  
Name: CALHOUN, LILLIE  
Address: 3130 W. LAMBRIGHT ST., #524  
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete  
Name: MCNEAL, JOYCE  
Address: 8301 ASH AVENUE  
City-St-Zip: TAMPA, FL 33619

**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 exemption stated 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 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: LILLIE CALHOUN

S

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date