SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N33549 (9)

1. Corporation Name

FRIENDSHIP FULL GOSPEL BAPTIST CHURCH OF LAKELAND, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3645 LAKELAND FL 33805	P.O. BOX 3645 LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2957365 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 1501 N. Lincoln Ave.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lakeland, FL.	City & State 28
Zip / Country 24 33805 / 25 USA	Zip / Country 29 33802 / 30

9. Name and Address of Current Registered Agent

MCCORMICK, JAMES F.
1501 N LINCOLN AVE
LAKELAND FL 33805

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	TRS	☐ Change ☑ Addition
NAME	LEWIS, CURTIS	12 NAME	Supaina LoTT	
STREET ADDRESS	1501 N LINCOLN AVE	13 STREET ADDRESS	1501 N Lincoln Ave	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	Lakelnwd - FL - 33805	
TITLE	TVD	21 TITLE	TRVD	☑ Change ☐ Addition
NAME	LUX, ROBERT	22 NAME		
STREET ADDRESS	1501 N LINCOLN AVE	23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	TRD	☑ Change ☐ Addition
NAME	BRADFORD, CEDERIC	32 NAME		
STREET ADDRESS	1501 N LINCOLN AVE	33 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP		
TITLE	TT	41 TITLE	TRT	☑ Change ☐ Addition
NAME	BRADFORD, HATTIE	42 NAME		
STREET ADDRESS	1501 N LINCOLN AVE	43 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP		
TITLE	TPD	51 TITLE	TRPD	☑ Change ☐ Addition
NAME	MCCORMICK, JAMES F.	52 NAME		
STREET ADDRESS	1501 N LINCOLN AVE	53 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP		
TITLE	TSD	61 TITLE	TRD	☑ Change ☐ Addition
NAME	GULLEY, CALVIN J.	62 NAME		
STREET ADDRESS	1501 N. LINCOLN AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: James F. McCormick James F. McCormick 8/2/95 (813) 682-6361
SIGNATURE AND TYPED OR PRINTED NAME OF CONTINUING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013626