

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 # N33549 (9)

1. Corporation Name

FRIENDSHIP FULL GOSPEL BAPTIST CHURCH OF LAKE LAND, INC.

Principal Place of Business

**1501 N LINCOLN AVE
LAKE LAND FL 33805
US**

Mailing Address

**P.O. BOX 3645
LAKE LAND FL 33805**



3. Date Incorporated or Qualified
08/02/1989

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2957365

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

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

24

Zip

Country

Zip

Country

33802

US

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

**MCCORMICK, JAMES F.
1501 N LINCOLN AVE
LAKE LAND FL 33805**

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

TITLE ☒ DELETE

NAME **LEWIS, CURTIS**
STREET ADDRESS **1501 N LINCOLN AVE**
CITY-ST-ZIP **LAKE LAND FL**

TITLE ☐ DELETE

NAME **TRVD LUX, ROBERT**
STREET ADDRESS **1501 N LINCOLN AVE**
CITY-ST-ZIP **LAKE LAND FL**

TITLE ☒ DELETE

NAME **TRD BRADFORD, CEDERIC**
STREET ADDRESS **1501 N LINCOLN AVE**
CITY-ST-ZIP **LAKE LAND FL**

TITLE ☐ DELETE

NAME **TRT BRADFORD, HATTIE**
STREET ADDRESS **1501 N LINCOLN AVE**
CITY-ST-ZIP **LAKE LAND FL**

TITLE ☐ DELETE

NAME **TRPD MCCORMICK, JAMES F.**
STREET ADDRESS **1501 N LINCOLN AVE**
CITY-ST-ZIP **LAKE LAND FL**

TITLE ☐ DELETE

NAME **TRD GULLEY, CALVIN J.**
STREET ADDRESS **1501 N. LINCOLN AVENUE**
CITY-ST-ZIP **LAKE LAND FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☒ Addition

1.2 NAME

**S/T/P
Lott, Suprina
1501 N. Lincoln Ave.
Lakeland, FL 33805**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

**DR
McCormick, Violet
1501 N. Lincoln Ave
Lakeland, FL 33805**

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 if changed, or on an attachment with an address.

SIGNATURE *James F. McCormick* **James F. McCormick**; 4/29/96 (941) 682-6361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)