

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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,
D, INC.

Principal Place of Business

1501 N LINCOLN AVE
LAKE LAND FL 33805
US

Mailing Address

P.O. BOX 3645
LAKE LAND FL 33802-3645
US3. Date Incorporated or Qualified
08/02/19893a. Date of Last Report
05/01/1996

4. FEI Number

59-2957365

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	STD	<input type="checkbox"/> DELETE
NAME	LOTT, SUPRINA	
STREET ADDRESS	1501 NORTH LINCOLN AVENUE	
CITY - ST - ZIP	LAKE LAND FL	
TITLE	TRVD	<input checked="" type="checkbox"/> DELETE
NAME	LUX, ROBERT	
STREET ADDRESS	1501 N LINCOLN AVE	
CITY - ST - ZIP	LAKE LAND FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCCORMICK, VIOLET	
STREET ADDRESS	1501 NORTH LINCOLN AVENUE	
CITY - ST - ZIP	LAKE LAND FL	
TITLE	TRT	<input type="checkbox"/> DELETE
NAME	BRADFORD, HATTIE	
STREET ADDRESS	1501 N LINCOLN AVE	
CITY - ST - ZIP	LAKE LAND FL	
TITLE	TRPD	<input type="checkbox"/> DELETE
NAME	MCCORMICK, JAMES F.	
STREET ADDRESS	1501 N LINCOLN AVE	
CITY - ST - ZIP	LAKE LAND FL	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	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	Tr	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	John W. Fleming		
1.3 STREET ADDRESS	1501 N. Lincoln Ave.		
1.4 CITY - ST - ZIP	LAKE LAND FL 33805		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052568

CR2E037 (9/96)