

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33549

1. Entity Name

FRIENDSHIP FULL GOSPEL BAPTIST CHURCH OF LAKELAN

Principal Place of Business

1501 N LINCOLN AVE
LAKELAND FL 33805
US

Mailing Address

P.O. BOX 3645
LAKELAND FL 33802
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2957365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
LOTT, SUPRINA
1501 NORTH LINCOLN AVENUE
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
Jocelyn Lowe
1501 N. Lincoln Avenue
Lakeland FL 33805 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
FLEMING, JOHN W
1501 N. LINCOLN AVE.
LAKELAND FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
Cedric Bradford
1501 N. Lincoln Ave
Lakeland FL 33805 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MCCORMICK, VIOLET
1501 NORTH LINCOLN AVENUE
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
McCormick, Violet
1501 N. Lincoln Ave
Lakeland FL 33805 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRT
BRADFORD, HATTIE
1501 N LINCOLN AVE
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRPD
MCCORMICK, JAMES F.
1501 N LINCOLN AVE
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRD
GULLEY, CALVIN J.
1501 N. LINCOLN AVENUE
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I 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 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: VIOLET MCCORMICK REQUIRED McCormick 5/11/01 863-688-8017

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91565 008 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)