2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N33549

FILED Sep 10, 2002 Secretary of State

Entity Name: FRIENDSHIP FULL GOSPEL BAPTIST CHURCH OF LAKELAND, INC.

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
	COLN AVE), FL 33805	US				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 3 LAKELAND	645), FL 33802	US				
FEI Number:	59-2957365	FEI Number Applied For()	FEI Number Not Appl	cable () Certificate	of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Regis	tered Agent:	
1501 N LIN	CK, JAMES F. COLN AVE), FL 33805		1501 N LIN	MCCORMICK, JAMES F III 1501 N LINCOLN AVE LAKELAND, FL 33805		
The above in the State		submits this statement for the pu	urpose of changing it	s registered office or reg	gistered agent, or both,	
SIGNATUR	E: JAMES F	. MCCORMICK III		09/	10/2002	
	Electron	ic Signature of Registered Age	nt	Da	ate	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LOTT, SUPRINA	Delete A NCOLN AVENUE	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	TR () LOWE, JOSCE 1501 N. LINCOI LAKELAND, FL	LN AVE.	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	MCCROMICK, V	NCOLN AVENUE	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	TRT () BRADFORD, HA 1501 N LINCOL LAKELAND, FL	N AVE	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	TRPD () MCCORMICK, (1501 N LINCOL LAKELAND, FL	-	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	TRD () GULLEY, CALV 1501 N. LINCOI LAKELAND, FL		Title: Name: Address: City-St-Zip:	TRD (X) Change () LANDY, DARNELL, 1501 N. LINCOLN AVENUE LAKELAND, FL	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES F. MCCORMICK III TPRD 09/10/2002