2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N33549

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

Current Principal Place of Business:

1501 N LINCOLN AVE
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3645
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-2957365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMICK, JAMES F III
1501 N LINCOLN AVE
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TR ( ) Delete
Name: LOWE, JOSCELYN
Address: 1501 N. LINCOLN AVE.
City-St-Zip: LAKELAND, FL 33805

Title: DT ( ) Delete
Name: MCCORMICK, VIOLET
Address: 1501 NORTH LINCOLN AVENUE
City-St-Zip: LAKELAND, FL 33805

Title: TRPD ( ) Delete
Name: MCCORMICK, JAMES F.,
Address: 1501 N LINCOLN AVE
City-St-Zip: LAKELAND, FL

Title: TRD ( ) Delete
Name: LANDY, DARNELL,
Address: 1501 N. LINCOLN AVENUE
City-St-Zip: LAKELAND, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change ( ) Addition
Name: DAWSON, QUENTIN
Address: 1501 N. LINCOLN AVE.
City-St-Zip: LAKELAND, FL 33805

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TR ( ) Change (X) Addition
Name: WILSON, QUINTIN
Address: 1501 N. LINCOLN AVENUE
City-St-Zip: LAKELAND, FL 33805

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 TRPD 04/21/2004

Electronic Signature of Signing Officer or Director Date