

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33549

FILED  
Jan 25, 2007  
Secretary of State

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

**Current Principal Place of Business:**

1501 N LINCOLN AVE  
LAKE LAND, FL 33805 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3645  
LAKE LAND, 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  
LAKE LAND, 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: TILLMAN, BRENDA  
Address: 1501 N. LINCOLN AVE.  
City-St-Zip: LAKE LAND, FL 33805

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

Title: TRPD ( ) Delete  
Name: MCCORMICK, JAMES F III  
Address: 1501 N LINCOLN AVE  
City-St-Zip: LAKE LAND, FL 33805

Title: TRD ( ) Delete  
Name: VIANDRA, MCCORMICK N  
Address: 1501 N. LINCOLN AVENUE  
City-St-Zip: LAKE LAND, FL 33805

Title: TR ( ) Delete  
Name: WILSON, QUINTIN L  
Address: 1501 N. LINCOLN AVENUE  
City-St-Zip: LAKE LAND, FL 33805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: VIOLET MCCORMICK

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DT

01/25/2007

\_\_\_\_\_  
Date