


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90008 017 ****70.00

DOCUMENT # N33600					
1. Entity Name FRIENDSHIP MISSIONARY BAPTIST CHURCH INC. OF MIAMI					
Principal Place of Business % B.T. SMART 740 N.W. 58 STREET MIAMI, FL 33127			Mailing Address % B.T. SMART 740 N.W. 58 STREET MIAMI, FL 33127		
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 59-2470063	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMART, B.T. 740 N.W. 58 STREET MIAMI, FL 33127			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME SMART, B.T. <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1201 NW LITTLE RIVER DR	CITY - ST - ZIP MIAMI, FL 33147		STREET ADDRESS	CITY - ST - ZIP	
TITLE T	NAME COOPER, RUBEN <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 538 NW 41 STREET	CITY - ST - ZIP MIAMI, FL 33142		STREET ADDRESS	CITY - ST - ZIP	
TITLE S	NAME ROBEISON, S.D. <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 17220 NW 42ND CT	CITY - ST - ZIP MIAMI, FL 33055		STREET ADDRESS	CITY - ST - ZIP	
TITLE VP	NAME WILLIAMS, JOHN <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3990 NW 171 ST	CITY - ST - ZIP OPA LOCKA, FL 33055		STREET ADDRESS	CITY - ST - ZIP	
TITLE AT	NAME WINGARD-PERCELL, GLENDA <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1891 SW 148 WAY	CITY - ST - ZIP MIRAMAR, FL 33027		STREET ADDRESS	CITY - ST - ZIP	
TITLE P	NAME SMITH, GASTON E <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 740 N.W. 58 STREET	CITY - ST - ZIP MIAMI, FL 33127		STREET ADDRESS	CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			2/5/06 (305) 759-8825		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		