


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N33600 1. Entity Name FRIENDSHIP MISSIONARY BAPTIST CHURCH INC. OF MIAMI	
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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
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07222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2470063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMART, B.T.
740 N.W. 58 STREET
MIAMI, FL 33127**

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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 September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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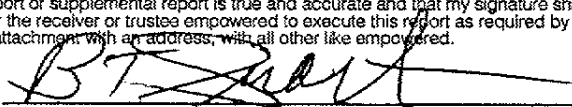
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMART, B.T. 1201 NW LITTLE RIVER DR MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COOFER, REUBEN 538 NW 41 STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBEISON, S.D. 17220 NW 42ND CT MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAMS, JOHN 3990 NW 171 ST OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT WINGARD-PERCELL, GLENDA 1891 SW 148 WAY MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, GASTON E 740 N.W. 58 STREET MIAMI, FL 33127

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08/02/07-80002-017 70.00

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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:  **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **7-29-07** Daytime Phone # _____