FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT. Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham, ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N44800 (3) FRIENDSHIP BAPTIST CHURCH, INCORPORATED Principal Place of Business Mailing Address **ROUTE #4 - BOX 206** ROUTE #4 - BOX 206 3. Date Incorporated or Qualified PERRY FL 32347 PERRY FL 32347 08/20/1991 4. FEI Number Applied For 59-2395044 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country Zιρ Zip Country 8. This corporation owes or has paid the current year Intangible Yes ΠÑο Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name MURPHY, BILLY Street Address (P.O. Box Number is Not Acceptable) 82 **ROUTE #4 - BOX 206** A.B. MURPHY ROAD 83 PERRY FL 32347 8 City Zip Code Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algorature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE JOHNSON, BARNEY, SR. 1.2 NAME NAME JOHHNSON STRIPLING RD. STREET ADDRESS 1.3 STREET ADDRESS PERRY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TETLE WHITFIELD, RAY NAME 2.2 NAME **ROUTE #4 - BOX 502** STREET ADDRESS 2.3 STREET ADDRESS PERRY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ DELETE Addition TITLE 3.1 TITLE MURPHY, BILLY 3.2 NAME NAME ROUTE #4 - BOX 206 3.3 STREET ADDRESS STREET ADDRESS PERRY FL 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME H. Murphy

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Billy 3 Mayly

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

TITLE

MAKE

Rt. 4, Box 198 Perry, Florida 32347

4.3 STREET ADDRESS

4.4 CITY - ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

Change

Change

Addition

☐ Addition