


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90062 031 \*\*\*\*70.00

<b>DOCUMENT # N92000000131</b>					
1. Entity Name <b>FRIENDSHIP MISSIONARY BAPTIST CHURCH, INC. OF ORLANDO</b>					
Principal Place of Business <b>3643 BUNCHE STREET ORLANDO FL 32805</b>			Mailing Address <b>3643 BUNCHE STREET ORLANDO FL 32805</b>		
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 <b>59-3128673</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SLADE, JOHN 4845 BETTY SUE TERRACE ORLANDO FL 32808</b>				7. Name and Address of New Registered Agent Name <u><b>HOLMES, LONNIE</b></u> Street Address (P.O. Box Number is Not Acceptable) <u><b>4235 MINOSO ST</b></u> City <u><b>ORLANDO</b></u> FL Zip Code <u><b>32811</b></u>	
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 <u><i>Lonnie Holmes</i></u>		Signature, typed or printed name of registered agent and title if applicable.		DATE <u><b>02-15-2004</b></u>	
		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>C/O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATE, CHARLIE SR</b>		NAME	<b>Holmes, LONNIE</b>	
STREET ADDRESS	<b>809 AVONDALE APT 1</b>		STREET ADDRESS	<b>4235 MINOSO ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>		CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SLADE, JOHN</b>		NAME	<b>SLADE, LESSIE</b>	
STREET ADDRESS	<b>4845 BETTY SUE TERRACE</b>		STREET ADDRESS	<b>4845 Betty Sue Terrace</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>		CITY-ST-ZIP	<b>ORLANDO, FL 32808</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLMES, LONNIE</b>		NAME	<b>Kinsey, Huey</b>	
STREET ADDRESS	<b>4235 MINOSO STREET</b>		STREET ADDRESS	<b>1907 South Rio Grande Ave</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>		CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLER, DONALD</b>		NAME		
STREET ADDRESS	<b>715 18TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <u><i>Lonnie Holmes</i></u>				Date <u><b>02-15-2004</b></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	