

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000004344**

1. Entity Name  
**FRIENDSHIP BAPTIST CHURCH OF DEFUNIAK  
SPRINGS, INC.**



Principal Place of Business

**2415 CO. HWY 1883  
DEFUNIAK SPRINGS, FL 32433 US**

Mailing Address

**2415 CO. HWY 1883  
DEFUNIAK SPRINGS, FL 32433 US**



07062006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3206318**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, WILLIAM H  
22 EAST BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32433**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000569611  
07/12/06-80006-007 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
EDWARDS, RONALD  
3600 CO. HWY. 1883  
DEFUNIAK SPRINGS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GARRETT, ROME  
725 INGLE RD.  
DEFUNIAK SPRINGS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
WOOTEN, WILTON  
1282 CO. HWY. 1883  
DEFUNIAK SPRINGS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Jewel B. Roy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/10/06*  
Date

*(850)859-2650*  
Daytime Phone #