


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90024 042 \*\*\*\*61.25

<b>DOCUMENT # N94000003112</b>	
1. Entity Name <b>FRIENDSHIP COMMUNITY CHURCH, INC.</b>	

Principal Place of Business <b>152- 107TH AVE TREASURE ISLAND, FL 33706</b>	Mailing Address <b>P.O. BOX 9453 TREASURE ISLAND, FL 33740</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4000000000



04082008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3252653</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HUFFMAN, ANNAMARIE 225 - 104TH AVE #210 TREASURE ISLAND, FL 33706</b>		7. Name and Address of New Registered Agent Name <b>ANTOINETTE HAWKINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>11140 4th STREET EAST</b> City <b>TREASURE ISLAND</b> FL Zip Code <b>33706</b>	
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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 **ANTOINETTE HAWKINS - DT** *Antoinette Hawkins* **4-8-2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUNN, LARRY 500- 115TH AVE TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRECO, TONY 8468 KING STREET NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DI MONDA, DIANE 7210 COQUINA WAY ST PETE BEACH, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RUTH SIPES 10601 119th STREET NORTH SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUFFMAN, ANNAMARIE 225 104TH AVE #210 TREASURE ISLAND, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUFFMAN, ANNAMARIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 225 104th AVENUE #210 TREASURE ISLAND FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KILCHER, JAMES 1308 PASADENA AVE., VILLA 11 S. PASADENA, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LARRY GENTRY 11120 4th STREET EAST TREASURE ISLAND FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRECO, TONY 8468 KING STREET NORTH SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN BURKE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12405 3RD STREET EAST APT 304 TREASURE ISLAND FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANTOINETTE HAWKINS 11140 4th STREET EAST TREASURE ISLAND FL 33706

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: *Antoinette Hawkins* **4-8-2008** **727-412-5565**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ANTOINETTE HAWKINS**