


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90100 007 ****61.25

DOCUMENT # N95000001025					
1. Entity Name NEW FRIENDSHIP MISSIONARY BAPTIST CHURCH OF ATLANTIC BEACH, INCORPORATED					
Principal Place of Business 28 DUDLEY ST. ATLANTIC BEACH, FL 32233			Mailing Address P.O BOX 330658 ATLANTIC BEACH, FL 32233-0658 US		
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 59-3083916	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EAKIN, PAUL M 599 ATLANTIC BLVD. SUITE 4 ATLANTIC BEACH, FL 32233			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, FOREST DEACON 483 WHITING LANE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WORTHERLY, CLEMON R DEACON 2740 GRAYTON CT. JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLARD, HOMER DEACON 2304 ALTEMAN DR. JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKHOUSE, JAMES DEACON 9716 S. ORR CT. JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, FOREST DEACON 483 WHITING LANE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, GEORGE DEACON 735 AMBER JACK LANE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAIGE, RODNEY 2121 TRDEN ST JACKSONVILLE, FL 32206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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>Clemon R. Wotherly</u> <u>Clemon R. Wotherly</u> <u>3/25/2005</u> <u>(904)246-1426</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					