2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001025

1. Entity Name
NEW FRIENDSHIP MISSIONARY BAPTIST CHURCH OF
ATLANTIC BEACH, INCORPORATED



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

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

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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						8	id Brail Brid Br		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03132005	Chg-NP	CR2I	E037 (10/03)	
City & State			City & State					4. FEI Number 59-3083	916		ļ <u>]</u>	Applied For
Zip Country		Zip - Cou			untry		5 Certificate of Status Desired - \$8.75 Additional				dditional	
	6. Name	and Address of Current	Registere	d Agent	L,	1		7. Name and #	ddress of N	aw Register	Fee Requir	red
			<u> </u>			Name	-				Agom	
EAKIN, PAUL M 599 ATLANTIC BLVD.				Street Addres			ddress (F	e (P.O. Box Number is Not Acceptable)				
SUITE 4 ATLANTIC BEACH, FL 32233												
ATLANTIC BEACH, FL 32233				City				 .		F	Zip Co	de
8. The above	named entitions of regis	y submits this statement for tered agent.	r the purp	ose of changing its	registere	ed office or	registere	ed agent, or both	, in the State	of Florida. I a	ım familiar with	n, and accept
ano oongan	.o.,o o, (og.o	toros agom.										
SIGNATURE.										 -		
	Signature, typed	d or printed name of registered agent i	end litte if epp	licable. (NOT	E: Registere	d Agent signati	ure required	when reinstating)		DAT	E	
Filing Fee is \$61.25 Due by May 1, 2005			1	9. Election Campaign Financing Trust Fund Contribution.								
	_	· ·						\$5.00 May Be Added to Fees			eck payable partment of S	
10.	_	· ·	RECTORS				A	Added to Fees	_	Florida Der	partment of	State
TITLE	Due by I	May 1, 2005 OFFICERS AND DIF	RECTORS		11.	ion.	D	Added to Fees DDITIONS/CHAI	NGES TO OF	FICERS AND	DIRECTORS I	N 10
	DP THOMAS	May 1, 2005	RECTORS	Trust Fund (11.	ion.	DE GRI	Added to Fees DDITIONS/CHAI T FFITH, R CAZY M	NGES TO OF	FICERS AND DEACE DRIVE	DIRECTORS I	N 10
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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:

CLEMAN R.