

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 017 ****61.25

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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**

30007720



03132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3083916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EAKIN, PAUL M
599 ATLANTIC BLVD.
SUITE 4
ATLANTIC BEACH, FL 32233**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **THOMAS, FOREST DEACON**
STREET ADDRESS **483 WHITING LANE**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **DV** ☐ Delete
NAME **WORTHERLY, CLEMON R DEACON**
STREET ADDRESS **2740 GRAYTON CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **DS** ☐ Delete
NAME **PAIGE, RODNEY**
STREET ADDRESS **2121 TILDEN ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32206**

TITLE **D** ☐ Delete
NAME **STACKHOUSE, JAMES DEACON**
STREET ADDRESS **9716 S. ORR CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Change ☒ Addition
NAME **RICARDO GRIFFITH**
STREET ADDRESS **333 LAZY MEADOW DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Clemon R. Wotherly **CLEMON R. WORTHERLY** 3/17/2006 (914)246-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #