

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001476

FILED
Jul 16, 2007
Secretary of State

Entity Name: FRIENDSHIP BAPTIST CHURCH OF REDDICK, FLORIDA, INC.

Current Principal Place of Business:

15115 NW GAINESVILLE ROAD
REDDICK, FL 32686

New Principal Place of Business:

Current Mailing Address:

P O BOX 62
15115 NW GAINESVILLE RD
REDDICK, FL 32686 US

New Mailing Address:

FEI Number: 59-2976540 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROOKS, COY
14780 NW 42ND CT.
P.O. BOX 344
REDDICK, FL 32686 US

Name and Address of New Registered Agent:

BROOKS, COY
14780 NW 42ND CT.
REDDICK, FL 32686 US

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.

SIGNATURE: _____

07/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROOKS, COY
Address: 14780 NW 42ND CT., P.O. BOX 344
City-St-Zip: REDDICK, FL 32686

Title: T () Delete
Name: COLE, H C
Address: 13363 NE 10TH COURT
City-St-Zip: CITRA, FL 32113

Title: T () Delete
Name: SMITH, AL
Address: 12595 NW 168TH PLACE
City-St-Zip: REDDICK, FL 32686

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SMITH, ALVIN T
Address: 19170 N. HWY 441, LOT 10
City-St-Zip: ORANGE LAKE, FL 32681

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COY BROOKS

D

07/16/2007

Electronic Signature of Signing Officer or Director

Date