


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90021 012 \*\*\*\*61.25

<b>DOCUMENT # N96000001476</b>					
<b>1. Entity Name</b> FRIENDSHIP BAPTIST CHURCH OF REDDICK, FLORIDA, INC.					
<b>Principal Place of Business</b> 15115 NW GAINESVILLE ROAD REDDICK, FL 32686			<b>Mailing Address</b> P O BOX 62 15115 NW GAINESVILLE RD REDDICK, FL 32686 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2976540	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BROOKS, COY 14780 NW 42ND CT. REDDICK, FL 32686			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BROOKS, COY 14780 NW 42ND CT., P.O. BOX 344 REDDICK, FL 32686		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Linda Leaf 6382 NW 64th Terrace Ocala FL 34482	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> COLE, H C 13363 NE 10TH COURT CITRA, FL 32113		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> SMITH, ALVIN T 19170 N. HWY 441, LOT 10 ORANGE LAKE, FL 32681		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>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.</b>					
<b>SIGNATURE:</b> Linda Leaf			1/7/08		352-629-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #