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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004838 (6)**

1. Corporation Name

GREATER FRIENDSHIP PRIMITIVE BAPTIST CHURCH, INC

Principal Place of Business

Mailing Address

**315 MCARTHUR AVE
SARASOTA FL 34243**

**315 MCARTHUR AVE
SARASOTA FL 34243**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/16/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**SAMPSON, HUET SR
315 MCARTHUR AVE
SARASOTA FL 34243**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
SAMPSON, HUET SR**
STREET ADDRESS **315 MCARTHUR AVE**
CITY - ST - ZIP **SARASOTA FL 34243**

TITLE ☐ DELETE

NAME **VD
SAMPSON, QUENTIN**
STREET ADDRESS **315 MCARTHUR AVE**
CITY - ST - ZIP **SARASOTA FL 34243**

TITLE ☒ DELETE

NAME **SD
STACKHOUSE, MERCEDES**
STREET ADDRESS **2749 18TH ST**
CITY - ST - ZIP **SARASOTA FL 34234**

TITLE ☐ DELETE

NAME **T
MITCHELL, JASPER**
STREET ADDRESS **305 12TH ST W**
CITY - ST - ZIP **PALMETTO FL 34221**

TITLE ☐ DELETE

NAME **D
MITCHELL, TOM**
STREET ADDRESS **3710 9TH ST E**
CITY - ST - ZIP **BRADENTON FL 34208**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Secretary, Barbara R**
1.3 STREET ADDRESS **3710 9th Street E**
1.4 CITY - ST - ZIP **Bradenton, FL 34208**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Huet Sampson Sr. REQUIRED BY ST SAMPSON SR 04-28-98(941) 355-9511**

CR2E037 (10/97)