


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90175 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004838					
1. Corporation Name GREATER FRIENDSHIP PRIMITIVE BAPTIST CHURCH, INC					
Principal Place of Business 315 MCARTHUR AVE SARASOTA FL 34243			Mailing Address 315 MCARTHUR AVE SARASOTA FL 34243		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/16/1996	
				4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SAMPSON, HUET SR 315 MCARTHUR AVE SARASOTA FL 34243				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	Tr.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SAMPSON, HUET SR			1.2 NAME	Dorothy J. Sampson		
STREET ADDRESS	315 MCARTHUR AVE			1.3 STREET ADDRESS	315 Mc Arthur Ave.		
CITY-ST-ZIP	SARASOTA FL 34243			1.4 CITY-ST-ZIP	Sarasota, FL. 34253		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMPSON, QUENTIN			2.2 NAME			
STREET ADDRESS	315 MCARTHUR AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, BARBARA L			3.2 NAME			
STREET ADDRESS	3710 9TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34208			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, JASPER			4.2 NAME			
STREET ADDRESS	305 12TH ST W			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, TOM			5.2 NAME			
STREET ADDRESS	3710 9TH ST E			5.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34208			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(i), 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, with all other like empowered.

SIGNATURE: Dorothy J. Sampson 05-03-99 941-355-9377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)