

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90022 006 \*\*\*\*70.00

|                                                                            |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N96000004838</b>                                             |  |
| <b>1. Entity Name</b><br>GREATER FRIENDSHIP PRIMITIVE BAPTIST CHURCH, INC. |                                                                                   |

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>315 MCARTHUR AVE<br>SARASOTA, FL 34243 | <b>Mailing Address</b><br>315 MCARTHUR AVE<br>SARASOTA, FL 34243 |
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| <b>2. Principal Place of Business, No P.O. Box #</b><br>326 MacArthur Ave.<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>326 MacArthur Ave.<br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                        |                                        |
|----------------------------------------|----------------------------------------|
| <b>City &amp; State</b><br>Sarasota FL | <b>City &amp; State</b><br>Sarasota FL |
| <b>Zip</b><br>34243                    | <b>Country</b><br>US                   |



07262007 Chg-NP CR2E037 (12/06)

|                                                                                                                                                                                                |                                      |
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| <b>4. FEI Number</b><br>NOT APPLICABLE                                                                                                                                                         | <b>Applied For</b><br>Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                              |                                      |
| <b>6. Name and Address of Current Registered Agent</b><br>SAMPSON, HUET SR<br>315 MCARTHUR AVE<br>SARASOTA, FL 34243                                                                           |                                      |
| <b>7. Name and Address of New Registered Agent</b><br>Name: Sampson, Quentin<br>Street Address (P.O. Box Number is Not Acceptable):<br>326 MacArthur Ave.<br>City: Sarasota FL Zip Code: 34243 |                                      |

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: Quentin Sampson 08/21/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                                  |                                                                                                                               |                                                                    |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Filing Fee is \$61.25</b><br><b>Due by September 14, 2007</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS     |                                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                        |  |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|
| <b>TITLE</b><br>PD             | <b>NAME</b><br>SAMPSON, HUET SR<br><b>STREET ADDRESS</b><br>315 MCARTHUR AVE<br><b>CITY-ST-ZIP</b><br>SARASOTA, FL 34243          | <input checked="" type="checkbox"/> Delete                                   |  |
| <b>TITLE</b><br>VP             | <b>NAME</b><br>SAMPSON, QUENTIN<br><b>STREET ADDRESS</b><br>315 MCARTHUR AVE<br><b>CITY-ST-ZIP</b><br>SARASOTA, FL 34243          | <input checked="" type="checkbox"/> Delete                                   |  |
| <b>TITLE</b><br>S              | <b>NAME</b><br>MITCHELL, BARBARA L<br><b>STREET ADDRESS</b><br>3710 9TH ST<br><b>CITY-ST-ZIP</b><br>BRADENTON, FL 34208           | <input checked="" type="checkbox"/> Delete                                   |  |
| <b>TITLE</b><br>T              | <b>NAME</b><br>MITCHELL, JASPER<br><b>STREET ADDRESS</b><br>305 12TH ST W<br><b>CITY-ST-ZIP</b><br>PALMETTO, FL 34221             | <input checked="" type="checkbox"/> Delete                                   |  |
| <b>TITLE</b><br>D              | <b>NAME</b><br>MITCHELL, TOM<br><b>STREET ADDRESS</b><br>3710 9TH ST E<br><b>CITY-ST-ZIP</b><br>BRADENTON, FL 34208               | <input checked="" type="checkbox"/> Delete                                   |  |
| <b>TITLE</b><br>T              | <b>NAME</b><br>SAMPSON, DOROTHY J<br><b>STREET ADDRESS</b><br>315 MCARTHUR AVE<br><b>CITY-ST-ZIP</b><br>SARASOTA, FL 34253        | <input checked="" type="checkbox"/> Delete                                   |  |
| <b>TITLE</b><br>President      | <b>NAME</b><br>Sampson, Quentin M.<br><b>STREET ADDRESS</b><br>326 MacArthur Ave.<br><b>CITY-ST-ZIP</b><br>Sarasota, FL 34243     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>Vice-President | <b>NAME</b><br>Huet Sampson, Sq<br><b>STREET ADDRESS</b><br>237 E. Baldwin Rd.<br><b>CITY-ST-ZIP</b><br>Panama City, FL 32405     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>Secretary      | <b>NAME</b><br>Amadio, Stella A.<br><b>STREET ADDRESS</b><br>326 MacArthur Ave.<br><b>CITY-ST-ZIP</b><br>Sarasota, FL 34243       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>Treasurer      | <b>NAME</b><br>Sampson, Quentin D.<br><b>STREET ADDRESS</b><br>326 MacArthur Ave.<br><b>CITY-ST-ZIP</b><br>Sarasota, FL 34243     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>Deacon         | <b>NAME</b><br>(same) Mitchell, Tom<br><b>STREET ADDRESS</b><br>237 E. Baldwin Rd.<br><b>CITY-ST-ZIP</b><br>Panama City, FL 32405 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>Treasurer      | <b>NAME</b><br>Sampson, Adrian<br><b>STREET ADDRESS</b><br>326 MacArthur Ave.<br><b>CITY-ST-ZIP</b><br>Sarasota, FL 34243         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |

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:** Quentin Sampson 08-01-07 941-351-8618  
Signature and typed or printed name of signing officer or director Date Daytime Phone #