

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

04-16-2008 90025 016 ****70.00

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1. Entity Name
GREATER FRIENDSHIP PRIMITIVE BAPTIST CHURCH, INC.



Principal Place of Business
**326 MAC ARTHUR AVE
SARASOTA, FL 34243**

Mailing Address
**326 MAC ARTHUR AVE
SARASOTA, FL 34243**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06052008

Chg-NP

CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMPSON, QUENTIN
326 MAC ARTHUR AVE
SARASOTA, FL 34243**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SAMPSON, QUENTIN M ☐ Delete
STREET ADDRESS 326 MAC ARTHUR AVE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME SAMPSON, HUET
STREET ADDRESS 237 E. BALWIN RD
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS SAMPSON ADRIAN
CITY-ST-ZIP 326 MAC ARTHUR AVE
SARASOTA FL 34243

TITLE S ☐ Delete
NAME AMODIE, STELLA
STREET ADDRESS 326 MAC ARTHUR AVE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME SAMPSON, QUENTIN
STREET ADDRESS 326 MAC ARTHUR AVE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS URSULA CARSON
CITY-ST-ZIP 1370 13TH ST
SARASOTA FL 34243

TITLE D ☐ Delete
NAME MITCHELL, TOM
STREET ADDRESS 237 E. BALWIN RD
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME SAMPSON, ADRIAN
STREET ADDRESS 326 MAC ARTHUR AVE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☒ Change ☐ Addition
NAME LISA GILES
STREET ADDRESS 519 W. HULL ST
CITY-ST-ZIP LAKE LAND FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #