

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90017 008 ****70.00

DOCUMENT # N97000002072

1. Entity Name
**GREATER FRIENDLY MISSIONARY BAPTIST CHURCH
INC.**



Principal Place of Business
**1721 W 19TH ST
JACKSONVILLE, FL 32209**

Mailing Address
**1721 W 19TH ST
JACKSONVILLE, FL 32209**



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

03312007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3452505

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEE, SCINTONE M DEC.
1721 W 19TH ST
JACKSONVILLE, FL 32209**

7. Name and Address of New Registered Agent

Name
LEE, SCINTONE M. DEC.
Street Address (P.O. Box Number is Not Acceptable)
1721 W 19TH ST.
JACKSONVILLE, FL 32209
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]

4/5/07

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE **P** ☐ Delete
NAME **MITCHELL, OSCAR W**
STREET ADDRESS **6418 HUGHES ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **T** ☐ Delete
NAME **BOYKIN, EARNEST**
STREET ADDRESS **1202 W. 12TH ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **T** ☐ Delete
NAME **CRAWFORD, WILLIAM DEACON**
STREET ADDRESS **8210 CASSIE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 33216**

TITLE **T** ☐ Delete
NAME **LEE, SCINTONE M**
STREET ADDRESS **6740 HELSTON CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **T** ☐ Delete
NAME **JEFFERSON, BRIAN N**
STREET ADDRESS **619 WHITEFIELD RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Change ☐ Addition
NAME **MITCHELL, OSCAR W.**
STREET ADDRESS **6418 HUGHES ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

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

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

TITLE **P** ☒ Change ☐ Addition
NAME **LEE, SCINTONE M.**
STREET ADDRESS **6740 HELSTON CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

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

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

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

4/5/07

Date

Daytime Phone #