

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90165 028 ****61.25

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		4. FEI Number 59-3452505	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, SCINTON M DEC. 1721 W 19TH ST JACKSONVILLE, FL 32209			7. Name and Address of New Registered Agent Name <u>Oscar W Mitchell</u> Street Address (P.O. Box Number is Not Acceptable) <u>618 Hughes St</u> City <u>Jacksonville</u> FL Zip Code <u>32208</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	T <u>→ P</u> MITCHELL, OSCAR W 6418 HUGHES ST. JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLANCHE DOWDELL 12405 BENTLEY BEN CT JACKSONVILLE FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYKIN, EARNEST 1202 W. 12TH ST. JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FANNIE GARNER 1905 W 9th STREET JACKSONVILLE FL 32209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAWFORD, WILLIAM DEACON 8210 CASSIE ROAD JACKSONVILLE, FL 33216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELIZABETH MORGAN 12248 LAKE FERU DR E JACKSONVILLE FL 32258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, SCINTONE M 6740 HELSTON CT. JACKSONVILLE, FL 32208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSCAR MITCHELL 6418 HUGHES ST JACKSONVILLE FL 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEFFERSON, BRIAN N 619 WHITEFIELD RD. JACKSONVILLE, FL 32221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES WARRICK, JR. 7909 COLLINS BAY COURT JACKSONVILLE, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH MORGAN <input type="checkbox"/> Delete	TITLE 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: <u>Oscar W. Mitchell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/6/08</u>		Daytime Phone # <u>904 356 3292</u>