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Secretary of State
01-13-2005 90001 020 ****61.25

2005

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003815

1. Entity Name
FRIENDLY TEMPLE HOLINESS CHURCH NONDENOMINATION CORP.

Principal Place of Business	Mailing Address
FRIENDLY TEMPLE MIAMI, FL 33147	5800 NORTHWEST 17TH AVENUE MIAMI, FL 33417

DO NOT WRITE IN THIS SPACE

01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0848067
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 May 1, 2005
2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WIMBERLY, RUFUS
STREET ADDRESS	5800 NORTHWEST 17TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VSTD
NAME	WIMBERLY, ANNIE L
STREET ADDRESS	5800 NORTHWEST 17TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	FOSTER, WILLIE
STREET ADDRESS	5800 NORTHWEST 17TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Annie Wimberly 1-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #