2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 A
Secretary of State

DOCUMENT # N99000001775

1. Entity Name
FRIENDSHIP MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business	Mailing Address
503 MYRTLE ST. DUNDEE, FL 33838	P.O. BOX 1847 DUNDEE, FL 33838

01112005 No Chg-NP CR2E037 (10/03)

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

GUNTER, ROSETTRA
612 TOWER POINT CIR
LAKE WALES, FL 33859

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, the registered agent.

SIGNATURE _____

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLAND, EDWARD
STREET ADDRESS	403 RENEE DRIVE
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	S
NAME	SHIRLEY, CLINCY
STREET ADDRESS	210 FLORIDA AVE
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	ST
NAME	NORMAN, SAMARTIA
STREET ADDRESS	PO BOX 716
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	D
NAME	BROADERS, LEROY
STREET ADDRESS	216 JANE AVE
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	D
NAME	BROOKS, MOSES
STREET ADDRESS	410 AVENUE O NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	HARDY, GEORGE
STREET ADDRESS	P.O. BOX 472
CITY-ST-ZIP	DUNDEE, FL 33838

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 in 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 added by an attachment with an address with blank like empowered.

SIGNATURE: Edward Bland EDWARD BLAND 1/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR