

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90075 025 ****61.25

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1. Entity Name

FRIENDSHIP MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business

503 MYRTLE ST.
DUNDEE FL 33838

Mailing Address

P.O. BOX 1847
DUNDEE FL 33838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

503 MARTIN LUTHER KING ST.

City & State
DUNDEE FL

City & State

Zip
33838

Country
PA IK

Zip

Country

4. FEI Number

NO-T 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

GUNTER, ROSETTA
612 TOWER POINT CIR
LAKE WALES FL 33859

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 BLAND, EDWARD
STREET ADDRESS 403 RENEE DRIVE
CITY-ST-ZIP HAINES CITY FL 33844

TITLE S ☐ Delete
NAME SHIRLEY, CLINCY
STREET ADDRESS 210 FLORIDA AVE
CITY-ST-ZIP DUNDEE FL 33838

TITLE ST ☐ Delete
NAME NORMAN, SAMARTIA
STREET ADDRESS PO BOX 716
CITY-ST-ZIP DUNDEE FL 33838

TITLE D ☐ Delete
NAME BROADERS, LEROY
STREET ADDRESS 216 JANE AVE
CITY-ST-ZIP DUNDEE FL 33838

TITLE D ☐ Delete
NAME BROOKS, MOSES
STREET ADDRESS 410 AVENUE O NE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ Delete
NAME HARDY, GEORGE
STREET ADDRESS P.O. BOX 472
CITY-ST-ZIP DUNDEE FL 33838

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE HARRY GLENN ☐ Change ☐ Addition
NAME P.O. BOX 1886
STREET ADDRESS DUNDEE FL 33838
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 Section 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: *Edward Bland* EDWARD BLAND 2/2/06 8632064231