

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N99000004051**  
 1. Entity Name  
**GREATER FRIENDSHIP MISSIONARY BAPTIST CHURCH, IN**

**FILED**

**00 NOV 20 AM 11: 20**

**SECRETARY OF STATE  
 TALLAHASSEE FLORIDA**

Principal Place of Business      Mailing Address  
**4413 N. 35TH ST.  
 TAMPA FL 33610**      **4413 N. 35TH ST.  
 TAMPA FL 33610**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**4413 N. 35TH ST.**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**TAMPA, FL**      **TAMPA, FL**  
 Zip      Country      Zip      Country  
**33610**      **USA**

4. FEI Number      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MURRAY, MADISON SR.  
 3507 N. 35TH ST.  
 TAMPA FL 33605**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE: Madison Murray Sr.      DATE: 9/11/00  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25      Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees      Make Check Payable to Department of State  
 After September 13, 2000 min. will be \$236.25

10. OFFICERS AND DIRECTORS	
TITLE NAME <b>Chairman</b> STREET ADDRESS <b>Don Williams</b> CITY-ST-ZIP <b>Thomas 1601 0290</b>	<input type="checkbox"/> Delete
TITLE NAME <b>Chairman Trustee</b> STREET ADDRESS <b>Melvin Johnson</b> CITY-ST-ZIP <b>3002 E Palifox St Tampa Fl 33610</b>	<input type="checkbox"/> Delete
TITLE NAME <b>Secretary</b> STREET ADDRESS <b>Robert Goyner</b> CITY-ST-ZIP <b>Brotherhood</b>	<input type="checkbox"/> Delete
TITLE NAME <b>President Male Council</b> STREET ADDRESS <b>Robert Coleman</b> CITY-ST-ZIP <b>1570 2000</b>	<input type="checkbox"/> Delete
TITLE NAME <b>Area Brotherhood</b> STREET ADDRESS <b>Alex Johnson</b> CITY-ST-ZIP <b>Brotherhood</b>	<input type="checkbox"/> Delete
TITLE NAME <b>DEACON</b> STREET ADDRESS <b>JOHN M. ALLEN</b> CITY-ST-ZIP <b>1312 E CAYUGA ST TAMPA FL 33603-4219</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME <b>3305</b> STREET ADDRESS <b>1601 E 29th Tampa Fla</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <b>AS ABOVE</b> STREET ADDRESS <b>3411 E. Thaddeus</b> CITY-ST-ZIP <b>Tampa, Fla 33610</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <b>Admin. Ass't/Finance Secretary</b> STREET ADDRESS <b>ANNIE L. SHAW</b> CITY-ST-ZIP <b>6902 REINOLTER Rd TAMPA, FL. 33619</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <b>KE</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Madison Murray Sr.      DATE: 9/11/00      DAYTIME PHONE #: (813) 620-0311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)