

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 12 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11012004 REIN-NP CR2E099 (6/04)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

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



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

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: REV. MADISON MURRAY, SR. *Rev madison murray 11/7/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDB THOMAS, WILLIE C 1601 E. 29 AVE TAMPA, FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT JOHNSON, MELVIN 3002 W. PALIFAX ST. TAMPA, FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAYNOR, ROBERT 4413 N. 35TH ST. TAMPA, FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMC COLEMAN, ROBERT 3411 E. SHADOW LANE TAMPA, FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AAFS SHAW, ANNIE 6910 VERMONT DR TAMPA, FL 33619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JOHN M 1312 E. CAYUGA ST. TAMPA, FL 336034219 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042697689 11/12/04--01061--001 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 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: ANNIE L. SHAW *Annie Shaw* 11/7/04 (813) 785-2541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #