


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90096 023 \*\*\*\*61.25

**DOCUMENT # N99000004051**

1. Entity Name  
**GREATER FRIENDSHIP MISSIONARY BAPTIST CHURCH, IN CORPORATION**



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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

**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*      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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	<b>CDB</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, WILLIE C</b>	
STREET ADDRESS	<b>1601 E. 29 AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33055</b>	
TITLE	<b>CT</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, MELVIN</b>	
STREET ADDRESS	<b>3002 W. PALIFAX ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>GAYNOR, ROBERT</b>	
STREET ADDRESS	<b>4413 N. 35TH ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>PMC</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, ROBERT</b>	
STREET ADDRESS	<b>3411 E. SHADOW LANE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>AAFS</b>	<input type="checkbox"/> Delete
NAME	<b>SHAW, ANNIE</b>	
STREET ADDRESS	<del>6002 REINDEER RD.</del> <b>6910 VERMONT DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, JOHN M</b>	
STREET ADDRESS	<b>1312 E. CAYUGA ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33603-4219</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** *Rev Madison Murray*

CR2E037 (4/03)