| CLEWISTON, | | | | |
|--|--|------------------------|---|-----------------------|
| Current Mai | ling Address: | | | |
| P.O. BOX 45 CLEWISTO | 58 N, FL 33440 US | | | |
| FEI Number: 90-0456002 | | | Certificate of Status De | sired: No |
| Name and A | Address of Current Registered Agent: | | | |
| DYKES, BARB | | | | |
| 901 DELLA TO CLEWISTON, F | | | | |
| CLEWISTON, F | | stered office or regis | tered agent, or both, in the State of F | lorida. |
| CLEWISTON, F | L 33440 US | stered office or regis | tered agent, or both, in the State of F | lorida. 05/03/2023 |
| CLEWISTON, F | L 33440 US | stered office or regis | tered agent, or both, in the State of F | |
| CLEWISTON, F | A 33440 US dentity submits this statement for the purpose of changing its regis BARBARA DYKES Electronic Signature of Registered Agent | stered office or regis | tered agent, or both, in the State of F | 05/03/2023 |
| CLEWISTON, F The above named SIGNATURE | A 33440 US dentity submits this statement for the purpose of changing its regis BARBARA DYKES Electronic Signature of Registered Agent | stered office or regis | tered agent, or both, in the State of F | 05/03/2023 |
| CLEWISTON, F The above name SIGNATURE | 33440 US d entity submits this statement for the purpose of changing its regis BARBARA DYKES Electronic Signature of Registered Agent ctor Detail : | | | 05/03/2023 |
| CLEWISTON, F The above name SIGNATURE Officer/Dire Title | 33440 US d entity submits this statement for the purpose of changing its regis BARBARA DYKES Electronic Signature of Registered Agent Ctor Detail : TD | Title | CD | 05/03/2023 |

DOCUMENT# N0400000058

Entity Name: GREATER FRIENDSHIP MISSIONARY BAPTIST CHURCH OF CLEWISTON INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

901 DELLA TOBIAS STREET C

(

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 03, 2023 Secretary of State 8308524906CC

OFFICER