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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

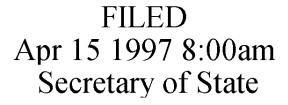
DOCUMENT #

(3)

EMMANUEL CHRISTIAN FELLOWSHIP CHURCH, INC.

Principal Place of Business

Mailing Address





| 711 ST. Johns Bluff Rd. Jacksonville Fl 32225 | | 711 ST. JOHNS BLUFF RD. JACKSONVILLE FL 32225-6718 | | | | |
|---|--|---|--------------------|---|--|------------------------------------|
| | | | | | 3. Date Incorporated or Qualified 12/30/1965 | 3a. Date of Last Report 04/05/1996 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 59-0950077 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | S. Certificate of Otatos Doored | Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country Zip | | Cou | ntry | 8. This corporation has liability for intangible tax under s. 199.032, | |
| 24 | 25 29 30 | | | Florida Statutes Yes 🗵 No | | |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Re | gistered Agent |
| | | | | 81 Name | | |
| DEAL, KE | eith M. | 82 Street A | | Address (P.O. Box Number is Not Acceptable) | | |
| BARNETT | REGENCY TOWER, STE.101 | | | | | |
| | WILLE FL 32211 | | 1 | 83 | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | ł | 84 City | | 85 Zip Code |
| | | | } | City | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | |
| SIGNATURE Stopphyre, typed or printed hance of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | |
| | Signature, typed or printed name of registered age OFFICERS ANI | | 13. | Agent signature | ADDITIONS/CHANGES TO OFFIC | |
| 12. | PD OFFICERS ANI | DELETE | 1.1 III | | ADDITIONO/OFFANGES TO OFFIC | Change Addition |
| | CARSON, LARRY E. | otten | 1.2 NA | | | |
| NAME | | | | | | |
| STREET ADDRESS | 49 SANDRA DR | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL | DELETE | 1.4 UI 2 1 HI | Y-ST-ZIP | | Change Addition |
| TITLE | VDT | LJ DELETE | • | | | |
| NAME | MOTILKOV, ALEXANDER | 2.21 | | | • | |
| STREET ADDRESS | 2601 TROLLIE LANE #4 | | | REET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | I DEVETE | | TY-ST-ZIP | | Change Addition |
| TITLE | D | ☐ DELETE | 3 1 TIT | | | C Change C Addition |
| NAME | WOODARD, DAVID | | 3 2 NA | | | |
| STREET ADDRESS | 7780 ALLSPICE CIR E | | 3 3 ST | REET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | TY-ST-ZIP | | |
| TITLE | | ☐ DELFTE | 4.1 TIT | LF | | Change Addition |
| NAME | | | 4. 2 N/ | ME | | |
| STREET ADDRESS | | | 4 3 ST | REET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CH | Y-ST-ZIP | | |
| TITLE | | DELETE | 5111 | LE | | Change Addition |
| NAME | | | 5 2 NA | ME | | |
| STREET ADDRESS | | | 5 3 ST | REET ADDRESS | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | |
| TITLE | | DELETE | 61 TII | | | ☐ Change ☐ Addition |
| NAME | | - - | 62 NA | | | |
| STREET ADDRESS | | | | REET ADDRESS | | |
| · | | | | | | |
| CITY-ST-ZIP | ay partify that the information cumples | d with this filing done not out | | Y-ST-ZIP | tated in Section 119.07(3)(i). Florida Statute | s. I further certify that the |

I do nereby 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 annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.