

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727759 (3)
1. Corporation Name
**"THE EMMANUEL HOLINESS APOSTOLIC FAITH CHURCH" O
F ESCAMBIA COUNTY, FLORIDA, INC.**

Principal Place of Business Mailing Address
**9420 W JOHN ST
PENSACOLA FL 32505** **3420 W JOHN ST
PENSACOLA FL 32505-4918**

3. Date Incorporated or Qualified **10/15/1973** 3a. Date of Last Report **04/19/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country	4. FEI Number 59-1975008 Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

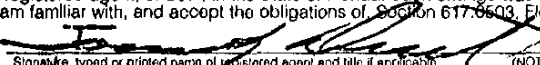
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DURANT TOMMIE L.
22 FLYNN DRIVE
WARRINGTON FL 32507**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 

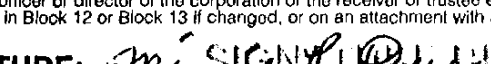
(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	☒ D	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	WALKER, JAMES			1.2 NAME			
STREET ADDRESS	7880 HERRINGTON DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 00000			1.4 CITY-ST-ZIP			
TITLE	☒ PD	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	DURANT, MINNIE L			2.2 NAME			
STREET ADDRESS	1230 WEST LLOYD STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 00000			2.4 CITY-ST-ZIP			
TITLE	☒ D	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME	FIELDS, CHARLES			3.2 NAME			
STREET ADDRESS	RT 3, BOX 194 L2 RONDA ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 00000			3.4 CITY-ST-ZIP			
TITLE	☒ W	☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME	WALKER, SHIRLEY			4.2 NAME			
STREET ADDRESS	7880 HERRINGTON DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 00000			4.4 CITY-ST-ZIP			
TITLE	☒ D	☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME	DURANT, TOMMIE L			5.2 NAME			
STREET ADDRESS	22 FLYNN DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	WARRINGTON, FL 00000			5.4 CITY-ST-ZIP			
TITLE	☒ S	☐ DELETE		6.1 TITLE	☐ Change	☐ Addition	
NAME	DURANT, CARRIE			6.2 NAME			
STREET ADDRESS	22 FLYNN DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 00000			6.4 CITY-ST-ZIP			

14. I do 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 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 or 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 changed, or on an attachment with an address.

SIGNATURE  SIGNATURE REQUIRED

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*****61.25**

CR2E037 (9/96)