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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

DOCUMENT # 727759 (3)

1. Corporation Name

"THE EMMANUEL HOLINESS APOSTOLIC FAITH CHURCH" O F ESCAMBIA COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
3420 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

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 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

DURANT TOMMIE L.
22 FLYNN DRIVE
WARRINGTON FL 32507

10. Name and Address of New Registered Agent

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

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 _____ 3-12-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	V	☐ 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		

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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 3-12-97 904/455-8761

CR2E037 (9/96)