

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 727759 1. Entity Name THE GREATER EMMANUEL HOLINESS APOSTOLIC FAITH CHURCH OF ESCAMBIA COUNTY FLORIDA, INC.	
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Principal Place of Business 3420 W JOHN ST PENSACOLA, FL 32505	Mailing Address 3420 W JOHN ST PENSACOLA, FL 32505
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DO NOT WRITE IN THIS SPACE



03252004 No Chg-NP CR2E037 (10/03)

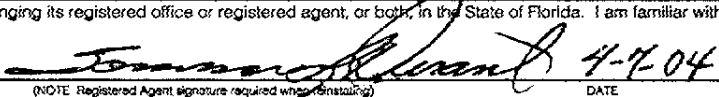
4. FEI Number 59-1975008	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DURANT TOMMIE L. 7821 TEMPLETON RD. WARRINGTON, FL 32506

**DO NOT WRITE
IN THIS SPACE**

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.

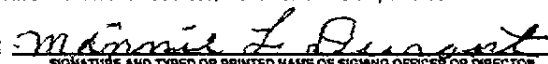
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	 DATE 4-7-04
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000132529 04/27/04-80051-007 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ D WALKER, JAMES 7880 HERRINGTON DRIVE PENSACOLA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ P DURANT, MINNIE L 1230 WEST LLOYD STREET PENSACOLA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ M MCCASTLE, LOUISE 1238 LANCER DRIVE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ D WALKER, SHIRLEY 7880 HERRINGTON DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ D DURANT, TOMMIE L 7821 TEMPLETON RD. WARRINGTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ D DURANT, CARRIE 7821 TEMPLETON RD. PENSACOLA, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(3)(b)), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-7-04 Date	850-430-8761 Daytime Phone #
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