2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90010 033 ****61.25

DOCUMENT # 727759

1. Entity Name

THE GREATER EMMANUEL HOLINESS APOSTOLIC FAITH CHURCH OF ESCAMBIA COUNTY FLORIDA, INC.

Principal Place of Business	Mailing Address
3420 W JOHN ST PENSACOLA FL 32505	3420 W JOHN ST PENSACOLA FL 32505

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1975008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DURANT TOMMIE L.
7821 TEMPLETON RD.
WARRINGTON FL 32506

7. Name and Address of New Registered Agent

Name Shirley Walker

Street Address (P.O. Box Number is Not Acceptable) 7880 Herrington Dr

City Pen FL Zip Code 3250 34

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 _____ 3/11/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALKER, JAMES		NAME	
STREET ADDRESS	7880 HERRINGTON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCCASTLE, LOUISE		NAME	
STREET ADDRESS	1238 LANCER DRIVE		STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32534		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALKER, SHIRLEY		NAME	
STREET ADDRESS	7880 HERRINGTON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DURANT, TOMMIE L		NAME	
STREET ADDRESS	7821 TEMPLETON RD.		STREET ADDRESS	
CITY-ST-ZIP	WARRINGTON FL		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DURANT, CARRIE		NAME	
STREET ADDRESS	7821 TEMPLETON RD.		STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 3/11/06 (850) 453-8701