2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 754415 Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** EMMANUEL COMMUNITY CHURCH, INC. 03-29-2000 90047 050 ****61.25 Principal Place of Business Mailing Address 1150 COUNTY ROAD 1 1150 COUNTY ROAD 1 PALM HARBOR FL 34686-6363 **PALM HARBOR FL 34683-6363** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2060842 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RUSSELL, BETTY A. 2589 FOREST RUN CT. **CLEARWATER 34621** City Zip Code 33761 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Addition Delete TD TD HOUGHTON, MURRAY E. NAME NAME DeMola, Charles STREET ADDRESS 461 FERNSHIRE DRIVE STREET ADDRESS 4459 Sawgrass Dr. Palm Harbor, FL 34685 CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP **↓** Change ☐ Addition TITLE Delete TITLE RUSSELL, BETTY A. McIntosh, James NAME NAME 1501 Pleásant Grove Dr. STREET ADDRESS STREET ADDRESS 2589 FOREST RUN CT. CITY-ST-ZIP CITY-ST-ZIP Dunedin, FL 34698 CLEARWATER FL 33761 **™**Delete 거 Change ☐ Addition SD TITLE TITI F Russell, Betty A. BOONE, PHYLLIS NAME NAME 2589 Forest Run Ct. STREET ADDRESS STREET ADDRESS 273 SALEM AVE Clearwater, FL 33761 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 exemption stated in Section 119.07(3)(i), 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

SIGNATURE: James SMATMETEN FOSA James Com Solo (227) 507 - 6298

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Of SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.