

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702951

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** IMMANUEL BAPTIST CHURCH OF PACE, FLORIDA, INC.

**Current Principal Place of Business:**

4187 HWY 90  
PACE, FL 32571 US

**New Principal Place of Business:**

**Current Mailing Address:**

4187 HWY 90  
PACE, FL 32571 US

**New Mailing Address:**

4187 HWY 90  
PACE, FL 32571

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OTIS, BEN C  
4960 CREEKSIDE LANE  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: OTIS, BEN  
Address: 4960 CREEKSIDE LANE  
City-St-Zip: MILTON, FL 32570 US

Title: T ( ) Delete  
Name: BARROW, DAVID  
Address: 5683 TWIN CREEK CIRCLE  
City-St-Zip: PACE, FL 32571 US

Title: PT ( ) Delete  
Name: WHITLOW, DWIGHT  
Address: 4711 PINE LANE  
City-St-Zip: PACE, FL 32571 US

Title: T ( ) Delete  
Name: JOHNSON, DAVID  
Address: 4669 GREG AVENUE  
City-St-Zip: PACE, FL 32571 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN OTIS

ST

03/18/2009

Electronic Signature of Signing Officer or Director

Date