

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703037 (2)

1. Corporation Name

EMMANUEL BAPTIST CHURCH, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:02

Principal Place of Business Mailing Address
4901 FIFTH AVE. N. 4901 FIFTH AVE. N.
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1961	3a. Date of Last Report 09/20/1994
4. FEI Number 59-0791027	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
HASICK, JOHN P
4901 FIFTH AVE. N.
ST. PETERSBURG FL 33710

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	HELLER, VEDA
STREET ADDRESS	1801-60TH ST. N.
CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	D
NAME	ALDRIDGE, LINDA
STREET ADDRESS	221 SUNSET DR. NO
CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	P
NAME	HASICK, JOHN P
STREET ADDRESS	4901 FIFTH AVE. NO.
CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	S
NAME	CHRISTIE, KERI
STREET ADDRESS	395-1 114 AVE. N. WINWORD APT.
CITY - ST - ZIP	ST. PETERSBURG FL 33718
TITLE	D
NAME	SCITES, BILL
STREET ADDRESS	5224 - 26TH AVE. NO.
CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	T
NAME	PUTNAM, RACHEL
STREET ADDRESS	5569 5TH AVE. NO.
CITY - ST - ZIP	ST. PETERSBURG FL 33710

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Rachel Putnam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RACHEL PUTNAM, TREASURER

Jan. 30, 1995 813/321-1092
Chair Secretary