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FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 703037 (2)**

1. Corporation Name

**EMMANUEL BAPTIST CHURCH, INC.**

Principal Place of Business

**4901 FIFTH AVE. N.  
ST. PETERSBURG FL 33710**

Mailing Address

**600 49TH STREET NORTH  
SUITE B-1  
ST. PETERSBURG FL 33710-7300**3. Date Incorporated or Qualified  
**10/16/1961**3a. Date of Last Report  
**08/07/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City &amp; State

**23**

Zip

Country

**24****25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City &amp; State

**27**

Zip

Country

**28****29****30**

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**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HELLER, VEDA  
600 49TH STREET NORTH  
SUITE B-1  
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 617.0502 and 617.1508, 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 617.0503, 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 **D** ☐ DELETENAME **HELLER, VEDA**  
STREET ADDRESS **1801-60TH ST. N.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**TITLE **D** ☐ DELETENAME **HASICK, JOHN P**  
STREET ADDRESS **4901 FIFTH AVE. NO.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**TITLE **S** ☒ DELETENAME **CHRISTIE, KERI**  
STREET ADDRESS **395-1 114 AVE. N. WINWORD APT.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33716**TITLE **D** ☒ DELETENAME **SCITES, BILL**  
STREET ADDRESS **5224 - 28TH AVE. NO.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**TITLE **D** ☐ DELETENAME **PUTNAM, RACHEL**  
STREET ADDRESS **5569 5TH AVE. NO.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Veda Heller* **REQUIRED** Veda Heller, Chairman 1/22/97 813 327 3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050692

CR2E037 (9/96)