

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

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 707409	
1. Entity Name EMMANUEL BAPTIST CHURCH OF FORT MYERS, FLORIDA, INC.	

Principal Place of Business 1819 HILL AVENUE FORT MYERS FL 33901	Mailing Address 1819 HILL AVENUE FORT MYERS FL 33901
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent
RILEY, RICHARD E. 3673 LAKE ST FT. MYERS FL 33901

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

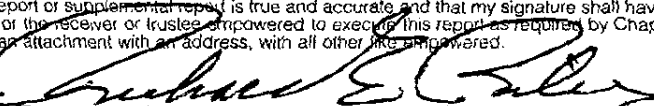
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ **DATE** _____

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
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	RILEY, RICHARD E.
STREET ADDRESS	3673 LAKE ST.
CITY - ST - ZIP	FT. MYERS FL
TITLE	☐ Delete
NAME	RILEY, RICHARD M.
STREET ADDRESS	1726 HILL AVE.
CITY - ST - ZIP	FT. MYERS FL
TITLE	☐ Delete
NAME	MINOR, STEVE
STREET ADDRESS	886 ASTARIAS CT
CITY - ST - ZIP	FORT MYERS FL 33919
TITLE	☐ Delete
NAME	KRUSE, KEVIN
STREET ADDRESS	1908 JEFFERSON AVE
CITY - ST - ZIP	FT MYERS FL 33901
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
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:  **3/31/06**