

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90042 033 ****61.25

DOCUMENT # 716861

1. Entity Name

EMMANUEL CHURCH OF GOD, INC.

Principal Place of Business

**1074 HOOD AVENUE
 JACKSONVILLE FL 32205**

Mailing Address

**1074 HOOD AVENUE
 JACKSONVILLE FL 32205**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

71-6861451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MANCILL, JIMMY
 1074 HOOD AVENUE
 JACKSONVILLE FL 32254**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MANCILL, JIMMY	
STREET ADDRESS	1074 HOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MANCILL, GLADYS L.	
STREET ADDRESS	1074 HOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANCILL, JIMMY J.	
STREET ADDRESS	1074 HOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MANCILL, GLADYS	
STREET ADDRESS	1074 HOOD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Signature of Jimmy Mancill
MANCILL, JIMMY

CR2E037 (4/02)