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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 720074 (4)

1. Corporation Name

EMANUEL TABERNACLE BAPTIST CHURCH OF SAFETY HARB
OR, FLORIDA, INC.



Principal Place of Business

Mailing Address

1235 CEDAR STREET
SAFETY HARBOR FL 34695

1235 CEDAR STREET
SAFETY HARBOR FL 34695-2935

3. Date Incorporated or Qualified
01/15/1971

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 695 Booth Street
Suite, Apt. #, etc.

2a. Mailing Address

26 695 Booth Street
Suite, Apt. #, etc.

4. FEI Number

05-0114700

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

City & State

23 Safety Harbor, FL

City & State

28 Safety Harbor, FL

Zip

24 34695

Country

25 Pinellas

Zip

29 34695

Country

30 Pinellas

9. Name and Address of Current Registered Agent

DAMPIER, FRED C.
1235 CEDAR ST
SAFETY HARBOR FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

695 Booth Street

83

84 City

Safety Harbor

FL

85 Zip Code

34695

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAMPIER, FRED C.
STREET ADDRESS 1235 CEDAR STREET
CITY-ST-ZIP SAFETY HARBOR FL

TITLE T ☐ DELETE

NAME MCCOY, CURTIS
STREET ADDRESS 3455 BUTLER STREET
CITY-ST-ZIP SAFETY HARBOR FL

TITLE SD ☐ DELETE

NAME WILLIAMS, HELEN
STREET ADDRESS 806 EAST GATE DRIVE
CITY-ST-ZIP SAFETY HARBOR FL

TITLE VD ☐ DELETE

NAME DAMPIER, MAUDINE
STREET ADDRESS 1235 CEDAR STREET
CITY-ST-ZIP SAFETY HARBOR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Helen L Williams 2-1397 813-726-4113
Date Daytime Phone # 0069214

CR2E037 (9/96)