FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

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

FILED Jan 15 1998 8:00am Secretary of State

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					BIBN BIBN BIBN BIBN BIBN NEE	
Principal Place of Business Mailing Address					Biffit Athit Sift Biffit Athit Indi	
695 BOOTH ST		695 BOOTH ST		3. Date Incorporated or Qualified		
SAFETY HARBOR FL 34695		SAFETY HARBOR FL 34695		01/15/1971		
US		US		4. FEI Number	Applied For	
				05-0114700	Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address			\$8.75 Additional	
21 26 Suite Act # etc			5. Certificate of Status Desired	Fee Required		
Suite, Apr. #, etc.			Election Campaign Financing	\$5.00 May Be		
27			Trust Fund Contribution	Added to Fees		
City & State City & State		City & State		7. Is this nonprofit corporation a homeowr		
23	23 28			☐ Yes ☐ No		
Į ∡ip	Country	Zip	Country	B. This corporation owes or has paid the o		
24	25	29 3	0	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No	
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registere	o võeur	
			ot Name			
	r, fred c		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	695 BOOTH ST		20			
SAFETY	' HARBOR FL 34695		83			
			84 City	F	85 Zip Code	
ļ <u>. </u>		10454500 51 11 0				
11. Pursuant	to the provisions of Sections 617.050 registered agent, or both, in the State	J2 and 617.1508, Florida Statutes e of Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered	
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 ag	ant and title if confinence	Registered Agent signature requ	ulted when reinstating) DATE		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	DAMPIER, FRED C.	- "	1.2 NAME			
STREET ADDRESS	1235 CEDAR STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL	•	1.4 CITY-ST-ZIP			
TITLE	Ť	☐ DELETE	2.1 TITLE		Change Addition	
NAME	MCCOY, CURTIS		2.2 NAME		İ	
STREET ADDRESS	3455 BUTLER STREET		2.3 STREET ADDRESS	N.		
CITY-ST-ZIP	SAFETY HARBOR FL		2. 4 CITY - ST - ZIP			
TITLE	SD	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	WILLIAMS, HELEN		3.2 NAME			
STREET ADDRESS	806 EAST GATE DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL		3.4. CITY-ST-ZIP			
TITLE	VD .	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	DAMPIER, MAUDINE		4. 2 NAME			
STREET ADDRESS	1235 CEDAR STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		Ì	
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. 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 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 in attackment with an address.