

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # 720074

1. Entity Name
**EMANUEL TABERNACLE BAPTIST CHURCH OF SAFETY
HARBOR, FLORIDA, INC.**



Principal Place of Business
**695 BOOTH ST
SAFETY HARBOR, FL 34695 US**

Mailing Address
**695 BOOTH ST
SAFETY HARBOR, FL 34695 US**



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0114700

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAMPIER, FRED C
695 BOOTH ST
SAFETY HARBOR, FL 34695**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE VD
NAME UPSHUR, MCKENZIE
STREET ADDRESS 1806 ELMWOOD DR
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/20/06-80050-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Helen L Williams Helen Williams 1-9-06 727-726-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #