

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 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**



02272007 No Chg-NP CR2E037 (4/06)

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAMPIER, FRED C. 1235 CEDAR STREET SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCCOY, CURTIS 3455 BUTLER STREET SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMS, HELEN 806 EAST GATE DRIVE SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD UPSHUR, MCKENZIE 1806 ELMWOOD DR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000658479
03/15/07-80041-003 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #