


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90055 003 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 585-9th Ave N		3. Mailing Address Suite, Apt. #, etc.			
City & State Safety Harbor, FL		City & State Suite, Apt. #, etc.		4. FEI Number 05-0114700	
Zip 34695		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAMPIER, FRED C 695 BOOTH ST SAFETY HARBOR, FL 34695				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAMPIER, FRED C. 1235 CEDAR STREET SAFETY HARBOR, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dampier, Fred C 695 Booth Street Safety Harbor, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOY, CURTIS 3455 BUTLER STREET SAFETY HARBOR, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jessie Dampier 695 Booth Street Dampier Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, HELEN 806 EAST GATE DRIVE SAFETY HARBOR, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy Evans 15657 - 60th Street N Clearwater, FL 33760 Asst. Treas
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UPSHUR, MCKENZIE 1806 ELMWOOD DR OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mc Coy, Curtis 704 Booth Street Safety Harbor, FL 34695 Senior Deacon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Helen L Williams</u> Helen L Williams 428 727-726-4113					