

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90260 026 ****61.25

DOCUMENT # 724128

1. Entity Name

EMMANUEL BAPTIST CHURCH OF GIBSONTON, INC.

Principal Place of Business

12011 EAST BAY ROAD
P.O. BOX 355
GIBSONTON FL 33534

Mailing Address

12011 EAST BAY ROAD
P.O. BOX 355
GIBSONTON FL 33534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2321059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTER, GRACE
7801 ALAFIA DR.
RIVERVIEW FL 33569

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME REGISTER, GRACE
STREET ADDRESS 7801 ALAFIA DR.
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME SWEAT, MARGARET J
STREET ADDRESS 10010 PENINSULAR DR
CITY-ST-ZIP GIBSONTON FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME QUEEN, WALTER
STREET ADDRESS 11009 FERN HILL DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME DIMAIO, MELANIE
STREET ADDRESS 102 VALRICO STATION RD #16
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

MELANIE L. DIMAIO

MELANIE L. DiMaio

1/4/02 813-681-5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)