

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 724128**

1. Entity Name  
**EMMANUEL BAPTIST CHURCH OF GIBSONTON, INC.**



**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90035 020 \*\*\*\*61.25

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.

02282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2321059**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. 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, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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: Grace Register Grace Register  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/05  
Date

813-677-5164  
Daytime Phone #