


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 724128	
1. Entity Name EMMANUEL BAPTIST CHURCH OF GIBSONTON, INC. <i>CK# 10775</i>	

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
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03292006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2321059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

REGISTER, GRACE
7801 ALAFIA DR.
RIVERVIEW, FL 33569

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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)

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REGISTER, GRACE 7801 ALAFIA DR. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWEAT, MARGARET J 10010 PENINSULAR DR GIBSONTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUEEN, WALTER 11009 FERN HILL DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/06-80068-011 61.25

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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: *Grace Register* *3/29/06* *813 677-5164*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #