


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

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # 727415 1. Entity Name EMMANUEL BAPTIST FELLOWSHIP, INC.	
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Principal Place of Business 1300 ST RD 630 WEST FROSTPROOF, FL 33843 US	Mailing Address P.O. BOX 811 FROSTPROOF, FL 33843 US
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1908369	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

SMITH, ARNOLD
1438 OLD FT MEADE ROAD
FROSTPROOF, FL 33843

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000760387 05/25/07-80010-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT FEWOX, W R 5001 HWY 630 E. FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMITH, ARNOLD 1938 OLD FT MEADE RD FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, VICTOR 1309 FT MEADE DR FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ESSIGMANN, JOHN 115 CRESTVIEW CT BOX 2944 DAVENPORT, FL 338362944
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **TT** **4/30/07** **863-676-1790**

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