

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # 748141

1. Entity Name
EMPORIA BAPTIST CHURCH, INC.



Principal Place of Business
**403 EMPORIA ROAD
PIERSON, FL 32180**

Mailing Address
**1049 CHAMELEON RD.
PIERSON, FL 32180**



01132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2797363

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARD, RONALD J
1049 CHAMELEON RD.
PIERSON, FL 32180**

**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 _____

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SCHAEFER, DONALD
STREET ADDRESS	1155 S. US 17
CITY-ST-ZIP	PIERSON, FL 32180
TITLE	VPD
NAME	WARD, RONALD J
STREET ADDRESS	1049 CHAMELEON RD
CITY-ST-ZIP	PIERSON, FL 32180
TITLE	D
NAME	WARD, CECIL J
STREET ADDRESS	1160 S. COUNTY RD. 3
CITY-ST-ZIP	PIERSON, FL 32180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1101007343124
01/25/06-80009-001 61.25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/06
Date

Daytime Phone # _____