

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90015 050 ****61.25

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DOCUMENT # 754415

1. Corporation Name

EMMANUEL COMMUNITY CHURCH, INC.

Principal Place of Business
1150 COUNTY ROAD 1
PALM HARBOR FL 34686-6363
US

Mailing Address
1150 COUNTY ROAD 1
PALM HARBOR FL 34683-6363
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/30/1980

4. FEI Number

59-2060842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**RUSSELL, BETTY A.
2589 FOREST RUN CT.
CLEARWATER 34621**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

New Zip code

FL

85 Zip Code

33761

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE
NAME **HOUGHTON, MURRAY E.**
STREET ADDRESS **461 FERNSHIRE DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **PD** ☒ DELETE
NAME **RUSSELL, BETTY A.**
STREET ADDRESS **2589 FOREST RUN CT.**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **SD** ☒ DELETE
NAME **BOONE, PHYLLIS**
STREET ADDRESS **273 SALEM AVE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☒ Change ☐ Addition

1.2 NAME **DeMola, Charles**

1.3 STREET ADDRESS **4459 Sawgrass Dr.**

1.4 CITY-ST-ZIP **Palm Harbor, FL 34685**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME **McIntosh, James**

2.3 STREET ADDRESS **1501 Pleasant Grove Dr.**

2.4 CITY-ST-ZIP **Dunedin, FL 34698**

3.1 TITLE **SD** ☒ Change ☐ Addition

3.2 NAME **Russell, Betty A.**

3.3 STREET ADDRESS **2589 Forest Run Ct.**

3.4 CITY-ST-ZIP **Clearwater, FL 33761**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99

Date

797-789-1800

Daytime Phone #

CR2E037 (11/98)