

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90022 045 ****61.25

0080881

DOCUMENT # 754415

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2060842

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: **TD DEMOLA, CHARLES**
 STREET ADDRESS: **4459 SAWGRASS DR**
 CITY-ST-ZIP: **PALM HARBOR FL 34685**

TITLE: Change Addition
 NAME: **TD**
 STREET ADDRESS: **Warren, Ruth**
 CITY-ST-ZIP: **3100 Birkdale Dr. Holiday, FL 34690**

TITLE: Delete
 NAME: **SD RUSSELL, BETTY A.**
 STREET ADDRESS: **2589 FOREST RUN CT.**
 CITY-ST-ZIP: **CLEARWATER FL 33761**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **PD MCINTOSH, JAMES**
 STREET ADDRESS: **1501 PLEASANT GROVE DR**
 CITY-ST-ZIP: **DUNEDIN FL 34698**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 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: *Betty A. Russell*

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty A. Russell

2/8/01

727-791-3390

Date

Daytime Phone #

CR2E037 (10/00)