

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**  
 04-24-2002 90390 007 \*\*\*\*61.25

**DOCUMENT # 754415**

1. Entity Name

**EMMANUEL COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

**1150 COUNTY ROAD 1  
 PALM HARBOR FL 34686-6363  
 US**

**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

Zip

Country

Zip

Country

4. FEI Number

**59-2060842**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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 33761**

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 WARREN, RUTH**  
 STREET ADDRESS **3100 BIRKDALE DR**  
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☒ Change ☐ Addition  
 NAME **TD McIntosh, James**  
 STREET ADDRESS **1501 Pleasant Grove Dr.**  
 CITY-ST-ZIP **Dunedin, FL 34698**

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 **PD Spong, Richard**  
 STREET ADDRESS **1725 Hitching Post Lane**  
 CITY-ST-ZIP **Dunedin, FL 34698**

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**

**4/2/02**

**727-791-3390**

Date

Daytime Phone #

CR2E037 (9/01)