

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754415

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: EMMANUEL COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

1150 COUNTY ROAD 1  
PALM HARBOR, FL 346836363 US

**New Principal Place of Business:**

**Current Mailing Address:**

1150 COUNTY ROAD 1  
PALM HARBOR, FL 346836363 US

**New Mailing Address:**

FEI Number: 59-2060842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUSSELL, BETTY A  
2589 FOREST RUN CT.  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: WILSON, ROBERT  
Address: 1801 EAST LAKE ROAD, #20-E  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: SD ( ) Delete  
Name: RUSSELL, BETTY A.,  
Address: 2589 FOREST RUN CT.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: TD ( ) Delete  
Name: MC INTOSH, JAMES  
Address: 1501 PLEASANT GROVE DRIVE  
City-St-Zip: DUNEDIN, FL 34698 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: DEMOLA, CHARLES Q  
Address: 5270 KARLESBURG PLACE  
City-St-Zip: PALM HARBOR, FL 34685 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. WILSON

MD

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date