

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90160 034 ****61.25

DOCUMENT # N00000004869

1. Entity Name

**EMMANUEL AFRICAN METHODIST EPISCOPAL ZION
CHURCH, INC.**



Principal Place of Business

**408 OLD DIXIE HWY. S.W.
SUITE B
VERO BEACH FL 32962**

Mailing Address

**P O BOX 2302
VERO BEACH FL 32961**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0849208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, E RHANDOLF
1835 31 AVENUE
VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name

MATTHEWS, LELA M

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

1835 31ST AVENUE

City

VERO BEACH

FL

Zip Code

32960

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 21, 2006

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MATTHEWS, E R REV**
STREET ADDRESS **1835 31ST AVENUE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **T** ☐ Delete
NAME **MATTHEWS, LELA M MS**
STREET ADDRESS **1835 31ST AVENUE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **T** ☐ Delete
NAME **TABB, CHARLES REV.**
STREET ADDRESS **719 N. JOHN YOUNG PKWY**
CITY-ST-ZIP **KISSIMEE FL**

TITLE **T** ☐ Delete
NAME **COMEGYS, ADRIENNE MS.**
STREET ADDRESS **744 6TH AVENUE, S.W.**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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]

LELA M. MATTHEWS 4/21/06 772-564-6820