

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005539

1. Entity Name

EMANUEL FREE WILL BAPTIST CHURCH, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90103 007 ****61.25

Principal Place of Business

4543 WARING RD
LAKELAND FL 33811

Mailing Address

PO BOX 91162
LAKELAND FL 33804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33805

4. FEI Number

59-3700000

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

BAGLEY, MINNIE
1504 PINETOP DRIVE E.
LAKELAND FL 33809

Name

Margaret Williams

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

2415 Embry Ave.

City

Haines City

FL

Zip Code

33844

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida.

SIGNATURE Margaret Williams

Margaret Williams

01-21-02

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	D	Collins, Marcus	<input type="checkbox"/> Delete
NAME		401 ADAMS RD.	
STREET ADDRESS		MULBERRY FL 33860	
CITY-ST-ZIP			
TITLE	D	Finley, Martha	<input type="checkbox"/> Delete
NAME		PO BOX 59	
STREET ADDRESS		KATHLEEN FL 33849	
CITY-ST-ZIP			
TITLE	DT	BAGLEY, MINNIE	<input checked="" type="checkbox"/> Delete
NAME		1504 PINETOP DR. E	
STREET ADDRESS		LAKELAND FL 33809	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DT	Williams, Margaret	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2415 Embry Avenue	
STREET ADDRESS		Haines City, Florida 33844	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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: *Margaret Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-20-02 863-602-119

CR2E037 (9/01)

Attachment

1100000005539

321244

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

0716934125

Your Telephone Number Best Time to Call

cell (863) 602-1199 Anytime

Home (863) 425-3628

DATE OF THIS NOTICE: 03-08-2001

EMPLOYER IDENTIFICATION NUMBER: 59-3700000

FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

EMANUEL FREE WILL BAPTIST CHURCH
% MARCUS L COLLINS DIR
PO BOX 91162
LAKELAND FL 33860