

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90016 030 \*\*\*\*70.00

**DOCUMENT # N00000005539**

**1. Entity Name**  
**EMANUEL FREE WILL BAPTIST CHURCH, INC.**



**Principal Place of Business**  
4543 WARING RD  
LAKELAND, FL 33811

**Mailing Address**  
PO BOX 91162  
LAKELAND, FL 33805

44047011



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004 Chg-NP CR2E037 (10/03)

City & State

City & State

**4. FEI Number**  
**APPLIED FOR**

Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

**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**

**WILLIAMS, MARGARET**  
**2415 EMBRY AVE**  
**HAINES CITY, FL 33844**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE:** *Margaret Williams, Margaret Williams DT 07/07/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

**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** COLLINS, MARCUS  
**STREET ADDRESS** 401 ADAMS RD.  
**CITY-ST-ZIP** MULBERRY, FL 33860

**TITLE** D ☐ Delete  
**NAME** FINLEY, MARTHA  
**STREET ADDRESS** PO BOX 59  
**CITY-ST-ZIP** KATHLEEN, FL 33849

**TITLE** DT ☐ Delete  
**NAME** WILLIAMS, MARGARET  
**STREET ADDRESS** 2415 EMBRY AVE  
**CITY-ST-ZIP** HAINES CITY, FL 33844

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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  
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**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:** *Margaret Williams, Margaret Williams DT 7-7-04 422-2551*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #