

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90056 012 ****61.25

DOCUMENT # N00000006874

1. Entity Name
EMMANUEL CHRISTIAN MINISTRIES, INC.



Principal Place of Business
**731 S. STONE ST.
DELAND, FL 32720**

Mailing Address
**P.O. BOX 2836
DELAND, FL 32721-2836**

20012639



01252005 Chg-NP CR2E037 (10/03)

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
NOT APPLICABLE

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

**WILLIAMS, REGINALD
731 S. STONE ST.
DELAND, FL 32720**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 ☐ Delete
NAME **D WILLIAMS, REGINALD**
STREET ADDRESS **731 S. STONE ST.**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE ☐ Delete
NAME **D WILLIAMS, ELLA**
STREET ADDRESS **731 S. STONE ST.**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE ☐ Delete
NAME **D DICKINSON, ROSS**
STREET ADDRESS **1624 LAKESIDE DR**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE ☐ Delete
NAME **TD GOODING, DON**
STREET ADDRESS **12 SWEETMEADOW CT.**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Delete
NAME **D MILTON, ETHEL**
STREET ADDRESS **2105 SWANSON ST.**
CITY-ST-ZIP **DELTONA, FL 32738**

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 **1605 CENTER ST.**
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 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:

Reginald Williams
Reginald Williams

2/11/05

Date

(386) 943-7029

Daytime Phone #