

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90054 008 ****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**

2. Principal Place of Business
505 W. Volusia Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DeLand, FL

City & State

Zip
32720

Country
USA

Zip

Country

02092006 Chg-NP CR2E037 (11/05)

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
505 W. Volusia Ave.

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

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

TITLE **D** ☐ Delete
NAME **DICKINSON, ROSS**
STREET ADDRESS **1605 CENTER ST**
CITY-ST-ZIP **DELAND, FL 32720**

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

TITLE **D** ☐ Delete
NAME **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 **505 W. Volusia Ave.**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **505 W. Volusia Ave.**
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Donald Merrick**
CITY-ST-ZIP **4725 O'Keefe Ct.
Orlando, FL 32808**

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 Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reginald Williams

3/9/06

Date

386 736-2943

Daytime Phone #