


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000006874 1. Entity Name EMMANUEL CHRISTIAN MINISTRIES, INC.	
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Principal Place of Business 505 W. VOLUSIA AVE DELAND, FL 32720	Mailing Address P.O. BOX 2836 DELAND, FL 32721-2836
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, REGINALD
505 W VOLUSIA AVE
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000611086 02/02/07-80046-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, REGINALD 505 W VOLUSIA AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ELLA 505 W VOLUSIA AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, ROSS 1605 CENTER ST DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRICK, DONALD 4725 O'KEEFE CT ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, ETHEL 2105 SWANSON ST. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Reginald Williams** **1/23/07** **386 238-4750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #