


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000008553</b> 1. Entity Name <b>EMMANUEL MISSIONARY BAPTIST CHURCH OF ORMOND BEACH, INC.</b>		
Principal Place of Business <b>242 TOMOKA AVE ORMOND BEACH, FL 32174</b>	Mailing Address <b>242 TOMOKA AVE ORMOND BEACH, FL 32174</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PAUL, ISAIAH F 242 TOMOKA AVE ORMOND BEACH, FL 32174</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	DATE _____
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PAUL, ISAIAH F 242 TOMOKA AVE ORMOND BEACH, FL 32174</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>POSTELL, EUGENE 242 TOMOKA AVE ORMOND BEACH, FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>POSTELL, GEORGE 24 S. ORCHARD STREET ORMOND BEACH, FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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.		
<b>SIGNATURE:</b> <u>Isaiah F. Paul</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2-28-06</u> <u>386-677-4747</u> <small>Date Daytime Phone #</small>



02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3695178</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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05/13/06-80018-009 70.00