

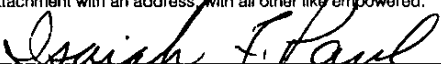


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N00000008553			
1. Entity Name EMMANUEL MISSIONARY BAPTIST CHURCH OF ORMOND BEACH, INC.			
Principal Place of Business 242 TOMOKA AVE ORMOND BEACH, FL 32174		Mailing Address 242 TOMOKA AVE ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE			
			
		01182007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-3695178	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUL, ISIAH F 242 TOMOKA AVE ORMOND BEACH, FL 32174		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	U000000611382 02/02/07-80059-017 70.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL, ISIAH F 242 TOMOKA AVE ORMOND BEACH, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POSTELL, EUGENE 242 TOMOKA AVE ORMOND BEACH, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POSTELL, GEORGE 24 S. ORCHARD STREET ORMOND BEACH, FL 32174		
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.			
SIGNATURE: 		1-23-07	386-677-4747
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>