

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008553

FILED
Sep 24, 2009
Secretary of State

Entity Name: EMMANUEL MISSIONARY BAPTIST CHURCH OF ORMOND BEACH, INC.

Current Principal Place of Business:

242 TOMOKA AVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

242 TOMOKA AVE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3695178 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAUL, ISIAH F
242 TOMOKA AVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAUL, ISIAH F
Address: 242 TOMOKA AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: POSTELL, EUGENE
Address: 242 TOMOKA AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD () Delete
Name: POSTELL, GEORGE
Address: 24 S. ORCHARD STREET
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PAUL, DEBORAH
Address: 242 TOMOKA AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD (X) Change () Addition
Name: GLENN, RHONDA
Address: 242 TOMOKA AVE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISIAH F. PAUL

PD

09/24/2009

Electronic Signature of Signing Officer or Director

Date