

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 06, 2004  
Secretary of State**

DOCUMENT# N01000000600

Entity Name: IGLESIA BAUTISTA INDEPENDIENTE EMANUEL, INC.

**Current Principal Place of Business:**

324 SE 3RD ST.  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

1119 NW 12TH STREET  
BELLE GLADE, FL 33430

**Current Mailing Address:**

PO BOX 2382  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 65-1091366      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CANO, ELI  
2625 STATE RD 715  
BELLE GLADE, FL 33430      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: CANO, LORETO  
Address: 1600 NW AVE. NORTH  
City-St-Zip: BELLE GLADE, FL 33430

Title: VD      ( ) Delete  
Name: CANO, ELI  
Address: 324 SE 3RD ST.  
City-St-Zip: BELLE GLADE, FL 33430

Title: SD      ( ) Delete  
Name: CANO, TAMMY  
Address: 2625 SR 715  
City-St-Zip: BELLE GLADE, FL 33430

Title: TD      ( ) Delete  
Name: CANO, TAMMY  
Address: 2625 SR 715  
City-St-Zip: BELLE GLADE, FL 33430

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: CANO, LORETO  
Address: 1600 NW AVE. "N"  
City-St-Zip: BELLE GLADE, FL 33430

Title: VD      (X) Change ( ) Addition  
Name: CANO, ELI  
Address: 2625 SR 715  
City-St-Zip: BELLE GLADE, FL 33430

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TAMMY S. CANO

SD

03/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date