## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0100000600

FILED Apr 24, 2005 Secretary of State

Entity Name: IGLESIA BAUTISTA INDEPENDIENTE EMANUEL, INC.

Current Principal Place of Business: New Principal Place of Business:

1119 NW 12TH STREET BELLE GLADE, FL 33430

Current Mailing Address: New Mailing Address:

PO BOX 2382

BELLE GLADE, FL 33430

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

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

CANO, ELI 2625 STATE RD 715 BELLE GLADE, FL 33430 US

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:

Clarksonia Ciamakura of Daniakura d Anauk

Electronic Signature of Registered Agent

Date

(X) Change ( ) Addition

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (λ

 Name:
 CANO, LORETO
 Name:
 CANO, ELI

 Address:
 1600 NW AVE.
 Address:
 PO BOX 2382

City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: BELLE GLADE, FL 33430

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: CANO, ELI Name: CAMACHO, LUIS

 Address:
 2625 SR 715
 Address:
 149 SE 3RD STREET NORTH

 City-St-Zip:
 BELLE GLADE, FL 33430
 City-St-Zip:
 BELLE GLADE, FL 33430

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 CANO, TAMMY
 Name:
 RODRIGUEZ, DAVID

 Address:
 2625 SR 715
 Address:
 11 NE WEST CANAL STREET S., LOT#C-3

 Address:
 2625 SR 715
 Address:
 11 NE WEST CANAL STREET S., LOT#C 

 City-St-Zip:
 BELLE GLADE, FL 33430
 City-St-Zip:
 BELLE GLADE, FL 33430

 Name:
 CANO, TAMMY
 Name:
 RODRIGUEZ, PEDRO

 Address:
 2625 SR 715
 Address:
 1648 NE AVE H

City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: BELLE GLADE, FL 33430

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: ELI CANO PD 04/24/2005