

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000600

FILED  
Aug 09, 2007  
Secretary of State

Entity Name: IGLESIA BAUTISTA INDEPENDIENTE EMANUEL, INC.

**Current Principal Place of Business:**

1119 NW 12TH STREET  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 98  
BELLE GLADE, FL 33430

**New Mailing Address:**

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

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

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

CANO, ELI  
4906 LYONS ROAD  
LAKE WORTH, FL 33467      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: ELI CANO

08/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CANO, ELI  
Address: PO BOX 2382  
City-St-Zip: BELLE GLADE, FL 33430

Title: VD      ( ) Delete  
Name: CAMACHO, LUIS  
Address: 149 SE 3RD STREET NORTH  
City-St-Zip: BELLE GLADE, FL 33430

Title: SD      ( ) Delete  
Name: RODRIGUEZ, DAVID  
Address: 11 NE WEST CANAL STREET S., LOT#C-3  
City-St-Zip: BELLE GLADE, FL 33430

Title: TD      ( ) Delete  
Name: RODRIGUEZ, PEDRO  
Address: 1648 NE AVE H  
City-St-Zip: BELLE GLADE, FL 33430

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

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

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

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 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: ELI CANO

PD

08/09/2007

Electronic Signature of Signing Officer or Director

Date