

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 04, 2009
Secretary of State**

DOCUMENT# N01000000600

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
4906 LYONS ROAD
LAKE WORTH, FL 33467 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, ELI
Address: 4906 LYONS RD
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: CANO, NOE
Address: 600 SW 16TH STREET LOT#2
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: RODRIGUEZ, DAVID
Address: 917 NE 29TH STREET
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

Electronic Signature of Signing Officer or Director

PD

05/04/2009

Date