

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001518

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: EMMANUEL BAPTIST CHURCH OF MACCLENNY, INC.

**Current Principal Place of Business:**

250 NORTH LOWDER STREET  
MACCLENNY, FL 32063

**New Principal Place of Business:**

12286 NORTH COUNTY ROAD 23A  
MACCLENNY, FL 32063

**Current Mailing Address:**

250 NORTH LOWDER STREET  
MACCLENNY, FL 32063

**New Mailing Address:**

P O BOX 737  
MACCLENNY, FL 32063

FEI Number: 59-3707709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LONG, DAVID  
4156 RAINTREE DR  
MACCLENNY, FL 32063 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: D ( ) Delete  
Name: LONG, DAVID  
Address: 4156 RAINTREE DRIVE  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: NICKLES, JAMES  
Address: PO BOX 293  
City-St-Zip: GLEN ST MARY, FL 32040

Title: D ( ) Delete  
Name: COMBS, JAMES F  
Address: 6113 WELLS RD  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: BROWN, WILLIAM L  
Address: 903 CHRISTIE COURT  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: KENNEDY, STEVE  
Address: P.O.B. 381  
City-St-Zip: GLEN SAINT MARY, FL 32040

**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:

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 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: DAVID LONG

RA

04/24/2005

Electronic Signature of Signing Officer or Director

Date