

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001518

FILED
Jan 16, 2009
Secretary of State

Entity Name: EMMANUEL BAPTIST CHURCH OF MACCLENNY, INC.

Current Principal Place of Business:

12286 NORTH COUNTY ROAD 23A
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 737
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-3707709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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: DAVID LONG

TREA

01/16/2009

Electronic Signature of Signing Officer or Director

Date