

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001518

**FILED**  
**Jan 05, 2011**  
**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:**

12286 NORTH COUNTY ROAD 23A  
MACCLENNY, FL 32063 US

**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:**

RAMONDETTA, MICHAEL RA  
12286 NORTH COUNTY ROAD 23A  
MACCLENNY, FL 32063 US

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

RAMONDETTA, MICHAEL  
12286 NORTH COUNTY ROAD 23A  
MACCLENNY, FL 32063 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:** MICHAEL RAMONDETTA

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

**Title:** D  
**Name:** KENNEDY, STEVE DEACON  
**Address:** P.O. BOX 381  
**City-St-Zip:** GLEN SAINT MARY, FL 32040 US

**Title:** D  
**Name:** COMBS, JAMES F DEACON  
**Address:** 6113 WELLS RD  
**City-St-Zip:** MACCLENNY, FL 32063 US

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL RAMONDETTA

RA

01/05/2011

Electronic Signature of Signing Officer or Director

Date