

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0039579

DOCUMENT # N01000004083

1. Entity Name

THE EMMANUEL M.B. CHURCH, INCORPORATED

04-07-2002 90073 017 ****75.00

Principal Place of Business

2204 HIGHLAND AVENUE
 TAMPA FL 33602

Mailing Address

2204 HIGHLAND AVENUE
 TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 173232

City & State

Tampa, FLA

Zip

Country

33672-1632

Country

#1/2 borough

4. FEI Number

59-3732099

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, FREDDIE JR.
 1511 E. FORD STREET
 TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

D Roberts, Freddie Jr. *Freddie Roberts* 3-28-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

☒

\$5.00 May Be Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE <input checked="" type="checkbox"/>	D	<input type="checkbox"/> Delete
NAME	BARNES, WILLIAM	
STREET ADDRESS	1223 EAST 142ND AVENUE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE <input checked="" type="checkbox"/>	D	<input type="checkbox"/> Delete
NAME	COHEN, TIMOTHY	
STREET ADDRESS	3110 APRICOT STRET	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE <input checked="" type="checkbox"/>	D	<input type="checkbox"/> Delete
NAME	PINKNEY, JOAN	
STREET ADDRESS	2803 WEST SLIGH AVE., #1101	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE <input checked="" type="checkbox"/>	D	<input type="checkbox"/> Delete
NAME	RIVERS, MAXINE	
STREET ADDRESS	4512 EAST 26TH AVENUE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE <input checked="" type="checkbox"/>	D	<input type="checkbox"/> Delete
NAME	WEST, JULIA	
STREET ADDRESS	2910 NORTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE <input checked="" type="checkbox"/>	D	<input type="checkbox"/> Delete
NAME	TERRY, ANTHONY	
STREET ADDRESS	1510 EAST OSBORNE	
CITY-ST-ZIP	TAMPA FL 33610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input checked="" type="checkbox"/>	Change	<input type="checkbox"/> Addition
NAME	WILLIAM BARNES	
STREET ADDRESS	1221 E. 142ND AVE	
CITY-ST-ZIP	Tampa FLORIDA 33612	
TITLE <input type="checkbox"/>	Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/>	Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/>	Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/>	Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

(12) 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony Terry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

813
 685-7717

Daytime Phone #

CR2E037 (9/01)