

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004083

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE EMMANUEL M.B. CHURCH, INCORPORATED

Current Principal Place of Business:

2204 HIGHLAND AVENUE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

PO BOX 173632
TAMPA, FL 336721632

New Mailing Address:

FEI Number: 59-3732099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, FREDDIE JR.
1511 E. FORD STREET
TAMPA, FL 33610 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: BARNES, WILLIAM
Address: 1221 E. 142ND AVE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: COHEN, TIMOTHY
Address: 3110 APRICOT STRET
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: PINKNEY, JOAN
Address: 2803 WEST SLIGH AVE., #1101
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: RIVERS, MAXINE
Address: 4512 EAST 26TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: WEST, JULIA
Address: 3720 WILLIAMS LANDING CIR
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: TERRY, ANTHONY
Address: 1510 EAST OSBORNE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COHEN, TIMOTHY
Address: 3110 APRICOT STREET
City-St-Zip: SEFFNER, FL 33584

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: MAXINE RIVERS

D

03/06/2009

Electronic Signature of Signing Officer or Director

Date