

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90146 013 ****75.00

DOCUMENT # N01000004083

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



Principal Place of Business
2204 HIGHLAND AVENUE
TAMPA FL 33602

Mailing Address
PO BOX 173632
TAMPA FL 33672-1632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Freddie Roberts*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BARNES, WILLIAM**
STREET ADDRESS **1221 E. 142ND AVE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COHEN, TIMOTHY**
STREET ADDRESS **3110 APRICOT STRET**
CITY-ST-ZIP **SEFFNER.FL 33584**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PINKNEY, JOAN**
STREET ADDRESS **2803 WEST SLIGH AVE., #1101**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RIVERS, MAXINE**
STREET ADDRESS **4512 EAST 26TH AVENUE**
CITY-ST-ZIP **TAMPA FL 33605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WEST, JULIA**
STREET ADDRESS **2910 NORTH BOULEVARD**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TERRY, ANTHONY**
STREET ADDRESS **1510 EAST OSBORNE**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Change ☐ 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:

Maxine Rivers

1/12/03

813 6857716

CR2E037 (10/02)