

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90030 031 ****61.25

DOCUMENT # N02000008469

1. Entity Name

IMMANUEL MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

**2089 63RD AVE S
ST PETERSBURG FL 33712**

Mailing Address

**2089 63RD AVE S
ST PETERSBURG FL 33712**

2. Principal Place of Business

4411 11th Ave. S.O.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

Zip

33711

Country

USA

6. Name and Address of Current Registered Agent

**WARD, DAVID
2089 63RD AVE S
ST PETERSBURG FL 33712**

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

SIGNATURE

David Ward **David Ward - Director**

2-1-04

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
Due By May 1, 2004**

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

TITLE	D	Delete
NAME	WARD, DAVID F	
STREET ADDRESS	2089 63RD AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	SD	Delete
NAME	WARD, ANGELA	
STREET ADDRESS	2089 63RD AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	DT	Delete
NAME	WILLIAMS, ALBERTA	
STREET ADDRESS	1646 41ST ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: *David Ward* **David Ward -**

2-1-04

(727) 867-4928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #