


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90087 025 ****61.25

DOCUMENT # N02000008713

1. Entity Name
EMMANUEL BAPTIST CHURCH OF HOLINESS INC.



Principal Place of Business
**408 NW 14 TERRACE
 FT LAUDERDALE, FL 33311**

Mailing Address
**408 NW 14 TERRACE
 FT LAUDERDALE, FL 33311**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04072004 Chg-NP CR2E037 (10/03)

4. FEI Number **010763500** Applied For
APPLIED FOR Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TOUSSAINT, JOSUE
 2201 NW 80 AVE
 SUNRISE, FL 33322**

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 **Josue TOUSSAINT** *Josue Toussaint* **04-12-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring) DATE

**Filing 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 <input type="checkbox"/> Delete
NAME	FUNEUS, JEAN R
STREET ADDRESS	3588 SE 13 COURT
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	D <input type="checkbox"/> Delete
NAME	FUNEUS, JESULA
STREET ADDRESS	333 SW 15 STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	D <input type="checkbox"/> Delete
NAME	LUCIEN, ANNE M
STREET ADDRESS	160 VERMONT AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 *Josue Toussaint*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____