2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001877

FILED Mar 15, 2007 Secretary of State

Entity Name: NEW EMMAUS MISSIONARY BAPTIST CHURCH FULL GOSPEL MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business: 5729 VERON RD JACKSONVILLE, FL 32209 **Current Mailing Address: New Mailing Address:** 5729 VERON RD JACKSONVILLE, FL 32209 FEI Number: 20-2314784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAISON, EDDIE J 818 ERIÉ AVE JACKSONVILLE, FL 32254 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete DP () Change () Addition FAISON, EDDIE J Name: Name: 818 ERIE AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: DV () Delete Title: () Change () Addition TOOKES, MILTON Name: Name: Address: 3516 FITZGERALD ST Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: DS () Delete Title: () Change () Addition FAISON, AUDREY Name: Name: Address: 818 ERIE AVE Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: DT () Delete Title: DT (X) Change () Addition Name: DOTSON, ELLA M Name: DAVIS, TERRY 455 POWDERHORN RD 1273 WEST 29TH STREET Address: Address: City-St-Zip: ST. MARYS, GA 31558 City-St-Zip: JACKSONVILLE, FL 32209 Title: DT () Delete Title: (X) Change () Addition DOTSON, ROBERT WILLIAMS, SUSIE Name: Name: 455 POWDERHORN RD 9823 NORFOLK BLVD. Address: Address: City-St-Zip: ST. MARYS, GA 31558 City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: () Change (X) Addition ROSS, EDWARD Name: Name: Address: Address: 1478 EAST 30TH STREET JACKSONVILLE, FL 32206 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AUDREY FAISON DS 03/15/2007