

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 15, 2007
Secretary of State**

DOCUMENT# N05000001877

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

Current Principal Place of Business:

5729 VERON RD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5729 VERON RD
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 20-2314784 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FAISON, EDDIE J
818 ERIE AVE
JACKSONVILLE, FL 32254 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: DP () Delete
Name: FAISON, EDDIE J
Address: 818 ERIE AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: DV () Delete
Name: TOOKES, MILTON
Address: 3516 FITZGERALD ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: DS () Delete
Name: FAISON, AUDREY
Address: 818 ERIE AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: DT () Delete
Name: DOTSON, ELLA M
Address: 455 POWDERHORN RD
City-St-Zip: ST. MARYS, GA 31558

Title: DT () Delete
Name: DOTSON, ROBERT
Address: 455 POWDERHORN RD
City-St-Zip: ST. MARYS, GA 31558

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DT (X) Change () Addition
Name: DAVIS, TERRY
Address: 1273 WEST 29TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: DT (X) Change () Addition
Name: WILLIAMS, SUSIE
Address: 9823 NORFOLK BLVD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: DT () Change (X) Addition
Name: ROSS, EDWARD
Address: 1478 EAST 30TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

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

Electronic Signature of Signing Officer or Director

Date