


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000006408</b>	
1. Entity Name EMMANUEL FULL GOSPEL MINISTRIES CHURCH CORP.	

Principal Place of Business 213 OAK CREST BLVD TALLAHASSEE, FL 32310	Mailing Address P. O. BOX 1511 CRAWFORDVILLE, FL 32326
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01162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 37-1506069	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  YANCEY, EDITH W 2643 LONNBLADH ROAD TALLAHASSEE, FL 32308
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000591976  
01/18/07-80044-008 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SMITH, GLYNIS 217 OLD BETHEL ROAD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS NELSON, MARILYN 58 HOLY GHOST COURT CRAWFORDVILLE, FL 32326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS GAY, JENNIFER 98 GAYS DRIVE CRAWFORDVILLE, FL 32326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Blonnie Smith **1/16/07** **617-3324**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #