

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004185

FILED  
Feb 19, 2007  
Secretary of State

Entity Name: EMMANUEL TABERNACLE IN CHRIST III, INC.

**Current Principal Place of Business:**

P.O. BOX 10628  
RIVIERA BEACH, FL 33419

**New Principal Place of Business:**

1529 44TH STREET  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

P.O. BOX 10628  
RIVIERA BEACH, FL 33419

**New Mailing Address:**

FEI Number: 02-0760629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOKES, TYRONE  
5900 FLATROCK ROAD  
WEST PALM BEACH, FL 33413 US

**Name and Address of New Registered Agent:**

BOONE, VERONICA H  
1529 44TH STREET  
WEST PALM BEACH, FL 33407 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: VERONICA H. BOONE

02/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOONE, SHAWN  
Address: 1529 44TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD ( ) Delete  
Name: BOONE, VERONICA  
Address: 1529 44TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD ( ) Delete  
Name: STOKES, TYRONE  
Address: 5900 FLATROCK ROAD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TD ( ) Delete  
Name: NORTHERN, OLIVIA  
Address: 1781 NE 2ND COURT  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete  
Name: STOKES, BERNADETTE  
Address: 5900 FLATROCK ROAD  
City-St-Zip: WEST PALM BEACH, FL 33415

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: SHAWN BOONE

PD

02/19/2007

Electronic Signature of Signing Officer or Director

Date