

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004185

FILED
Apr 27, 2009
Secretary of State

Entity Name: EMMANUEL TABERNACLE IN CHRIST III, INC.

Current Principal Place of Business:

1529 44TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

4724 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417

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:

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

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

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

Title: D () Change (X) Addition
Name: MORROW, LOTTRE
Address: 3417 34TH WAY
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify 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: VERONICA H BOONE

SD

04/27/2009

Electronic Signature of Signing Officer or Director

Date