

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004185

FILED  
Apr 10, 2011  
Secretary of State

**Entity Name:** EMMANUEL TABERNACLE IN CHRIST III, INC.

**Current Principal Place of Business:**

4724 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**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  
**Name:** BOONE, SHAWN  
**Address:** 1529 44TH STREET  
**City-St-Zip:** WEST PALM BEACH, FL 33407

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

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

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

**Title:** D  
**Name:** CUE, JOSEPH D  
**Address:** 4743N AUSTRALIAN AVENUE #101  
**City-St-Zip:** WEST PALM BEACH, FL 33407

**Title:** D  
**Name:** MORROW, LOTTRE  
**Address:** 3417 34TH WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33407

I hereby 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 all other like empowered.

**SIGNATURE:** SHAWN D. BOONE

PD

04/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date