

DOCUMENT #N10946

1. Entity Name
EMMANUEL BAPTIST CHURCH, INC.FILE
Feb 03, 2006
SecretaryPrincipal Place of Business
5391 JOHNSON RD
COCONUT CREEK, FL 33097Mailing Address
PO BOX 970550
COCONUT, FL 33097

01272006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2614428Applied For
Not Applicant5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEON, CARMAN J. JR. ESQ
411 E HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441DO 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Carman Leon, Jr.

1/28/06

Filing Fee is \$61.25
Due by May 1, 20089. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesL000000419196
02/14/06-80036-024 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARKER, CHARLES
STREET ADDRESS	130 NE 19TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	D
NAME	FISHER, ROBERT
STREET ADDRESS	588 NW 45TH AVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	DIEKEMA, ROBERT
STREET ADDRESS	281 SW 32 AVE
CITY-ST-ZIP	DEERFIELD BCH, FL
TITLE	D
NAME	NEUMAN, JERRY
STREET ADDRESS	2541 NE 8TH TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	D
NAME	HERRICK, TOM
STREET ADDRESS	3470 SW 4TH ST
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	D
NAME	MCDANIEL, ROBERT
STREET ADDRESS	4179 NW 7TH PLACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

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: Robert M. Daniel Robert M. Daniel

1/30/06

Date

Daytime Phone #

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Marie Troyer MARIE TROYER

1/30/06

Date

Daytime Phone #

941-371-9647