

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90028 032 \*\*\*\*70.00

**DOCUMENT # N13007**

1. Entity Name  
**EMMANUEL CHURCH OF MY LORD JESUS CHRIST OF THE APOSTOLIC FAITH, INC.**



Principal Place of Business  
**438 WEST 67TH ST.  
JACKSONVILLE, FL 32208 US**

Mailing Address  
**MATHIS, DAVID  
6900 CHAMPLAIN RD.  
JACKSONVILLE, FL 32208 US**

**50063917**



2. Principal Place of Business  
**438 West 67th Street**

3. Mailing Address  
**P.O. Box 372**

08222005 Chg-NP CR2E037 (10/03)

City & State  
**Jacksonville, Fla.**

City & State  
**Callahan Florida**

Zip  
**32208**

Country  
**Duval**

Zip  
**32011**

Country  
**Nassau**

4. FEI Number  
**59-3029449**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MATHIS, DAVID J.  
6900 CHAMPLAIN RD.  
JACKSONVILLE, FL 32208**

**I no longer live at this Address.**

7. Name and Address of New Registered Agent

Name  
**David James Mathis**

Street Address (P.O. Box Number is Not Acceptable)  
**55330 yellow Jacket Drive**

City  
**Callahan**

State  
**Fla.**

Zip Code  
**FL 32011**

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 **David James Mathis - President + Pastor - 8-29-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHIS, DAVID J. 6900 CHAMPLAIN JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATHIS, SADIE MAE (MRS.) 6900 CHAMPLAIN RD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, SADIE MAE (MRS.) 6900 CHAMPLAIN RD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ELIJAH 6851 HEMA ROAD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATHIS, TALENA R. 6900 CHAMPLAIN RD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **David James Mathis - President / Pastor / 8-29-05 / 1904-879 0255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone