## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13007

FILED Jul 19, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

438 WEST 67TH ST.

JACKSONVILLE, FL 32208 US

Current Mailing Address: New Mailing Address:

P O BOX 37 P O BOX 372

CALLAHAN, FL 32011 US CALLAHAN, FL 32011 US

FEI Number: 59-3029449 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MATHIS, DAVID J.

55330 YELLOW JACKET DR

CALLAHAN, FL 32011 US

LIVING FAITH CHRISTIAN CHURCH
55330 YELLOW JACKET DR.

CALLAHAN, FL 32011 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: DAVID J. MATHIS SR. 07/19/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 MATHIS, DAVID J.
 Name:
 MATHIS, DAVID J

 Address:
 6900 CHAMPLAIN
 Address:
 55330 YELLOW JACKET DRIVE

City-St-Zip: JACKSONVILLE, FL City-St-Zip: CALLAHAN, FL 32011 US

Title: VD () Delete Title: (X) Change ( ) Addition MATHIS, SADIE MAE (M, RS.) Name: MATHIS, SADIE MAE (M, RS.) Name: Address: 6900 CHAMPLAIN RD. Address: 55330 YELLOW JACKET DR. City-St-Zip: JACKSONVILLE, FL City-St-Zip: CALLAHAN, FL 32011 US

Title: D ( ) Delete Title: DIRE (X) Change ( ) Addition Name: MATHIS, SADIE MAE (M, RS.) Name: MATHIS, TALENA R.,

 Address:
 6900 CHAMPLAIN RD.
 Address:
 55330 YELLOW JACKET DRIVE

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:
 CALLAHAN, FL
 32011 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 WILLIAMS, ELIJAH,
 Name:

 Address:
 6851 HEMA ROAD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:

 Name:
 MATHIS, TALENA R.
 Name:

 Address:
 6900 CHAMPLAIN RD.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL
 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: DAVID JAMES MATHIS PRES 07/19/2006

Electronic Signature of Signing Officer or Director

Date