

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13962

1. Entity Name

EMMANUEL BAPTIST CHURCH OF LONGWOOD FLORIDA, INC

LA

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90011 049 ****61.25

Principal Place of Business

P. O. BOX 1960
244 LONGWOOD HILLS RD.
LONGWOOD FL 32750

Mailing Address

P. O. BOX 1960
244 LONGWOOD HILLS RD.
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2664171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALLBERG, WALTER
244 LONGWOOD HILLS RD
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FORRESTER, DEREK**
STREET ADDRESS **481 SPRINGWOOD COURT**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **PD** ☐ Delete
NAME **HALLBERG, REV WALTER**
STREET ADDRESS **244 LONGWOOD HILLS RD**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **TD** ☐ Delete
NAME **WENDT, E**
STREET ADDRESS **4 OLD GRV LN**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Walter Hallberg

July 18

CR2E037 (5/01)