

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13962

1. Entity Name

EMMANUEL BAPTIST CHURCH OF LONGWOOD FLORIDA, INC

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

244 Longwood Hills Rd

Suite, Apt. #, etc.

3. Mailing Address

244 Longwood Hills Rd

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

32750

Country

USA

Zip

32750

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

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	<input type="checkbox"/> Delete
NAME	FORRESTER, DEREK	
STREET ADDRESS	481 SPRINGWOOD COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HALLBERG, REV WALTER	
STREET ADDRESS	244 LONGWOOD HILLS RD	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WENDT, E	
STREET ADDRESS	4 OLD GRV LN	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY J TOPOLEWSKI	
STREET ADDRESS	701 REMINGTON OAK DR	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/2002 (407) 260-1788

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE