

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N13962

1. Entity Name
**EMMANUEL BAPTIST CHURCH OF LONGWOOD
FLORIDA, INC.**



Principal Place of Business
**244 LONGWOOD HILLS ROAD
LONGWOOD, FL 32750**

Mailing Address
**244 LONGWOOD HILLS ROAD
LONGWOOD, FL 32750**

FILED
Aug 26, 2004 08:00 AM
Secretary of State



08122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO 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 relinquishing)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HALLBERG, MARK
244 LONGWOOD HILLS RD
LONGWOOD, FL 32750**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000170915
08/26/04-80002-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

8/20/04
Date

Daytime Phone #