

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2007 08:00 A
Secretary of State

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



07242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2664171	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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	

U00000771797
08/10/07-80001-005 61.25

U00000771797
08/10/07-80001-006 8.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rev Walter Hallberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/07 (407) 260-1788
Date Daytime Phone #