2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 13, 2003 8:00 am Secretary of State DOCUMENT # N13962 1. Entity Name 01-13-2003 90829 020 ****61.25 EMMANUEL BAPTIST CHURCH OF LONGWOOD FLORIDA, INC. Principal Place of Business Mailing Address 244 LONGWOOD HILLS ROAD 244 LONGWOOD HILLS ROAD LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2664171 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALLBERG, WALTER Street Address (P.O. Box Number is Not Acceptable) 244 LONGWOOD HILLS RD LONGWOOD FL 32750 City 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D ☐ Delete TITLE ☐ Addition NAME FORRESTER, DEREK NAME **481 SPRINGWOOD COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CR2E037 LONGWOOD FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition HALLBERG, REV WALTER NAME 244 LONGWOOD HILLS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition TOPOLEWSKI, GREGORY J NAME STREET ADDRESS 701 REMINGTON OAK DR STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE Mark Hallberg ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 244 Longwood Hills Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

1-06-02 | 500 | 31 - 1700

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