

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16234

FILED  
Sep 08, 2006  
Secretary of State

**Entity Name:** ELIZABETH MISSIONARY BAPTIST CHURCH, INCORPORATED

**Current Principal Place of Business:**

100 SOUTH ORANGE AVENUE  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2219  
ARCADIA, FL 34265

**New Mailing Address:**

**FEI Number:** 65-0130060      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SICA, VINCENT A ESQ.  
10 S DESOTO AVE  
SUITE 101  
ARCADIA, FL 34266 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: MATTHEWS, W. PAUL J  
Address: 100 SOUTH ORANGE AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: VCD      ( ) Delete  
Name: OWENS, COLLIER E  
Address: 6175 GILLOT BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VCD      ( ) Delete  
Name: BOWERS, RICHARD E JR  
Address: 1937 SW HENDRY STREET  
City-St-Zip: ARCADIA, FL 34266

Title: SD      ( ) Delete  
Name: POLK, VERONICA  
Address: 100 SOUTH ORANGE AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: TD      ( ) Delete  
Name: JACKSON, DARRYL B  
Address: 1216 RAINBOW DRIVE  
City-St-Zip: ARCADIA, FL 34266

Title: D      ( ) Delete  
Name: GOODMAN, SHARON T  
Address: 7 OWENS AVE  
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD      (X) Change ( ) Addition  
Name: MOORE, ALVIN PASTOR  
Address: 100 SOUTH ORANGE AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: POLK, VERONICA  
Address: P. O. BOX 1043  
City-St-Zip: ARCADIA, FL 34265

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: EMMS FIELDS,  
Address: 133 WAATSON AVENUE  
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. ALVIN MOORE, PASTOR

CD

09/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date