

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/21

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90311 002 \*\*\*\*70.00

**DOCUMENT # N21767**

1. Entity Name

**EMMANUEL CHURCH OF CHRIST, INC.**

Principal Place of Business

EMMANUEL CHURCH OF CHRIST  
 2818 S. FERNCREEK AV.  
 ORLANDO FL 32806  
 US

Mailing Address

EMMANUEL CHURCH OF CHRIST  
 2818 S. FERNCREEK AV  
 ORLANDO FL 32806  
 US

2. Principal Place of Business

*2818 So. Fern Creek Av.*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orlando FL.*

City & State

*Orlando FL.*

4. FEI Number

**59-2892453**

Applied For

Not Applicable

Zip

*32806*

Country

*USA*

Zip

*32806*

Country

*USA*

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VENEGAS, PEGGY A P  
 2818 S. FERNCREEK AVE.  
 ORLANDO FL 32806-5541

*President*

7. Name and Address of New Registered Agent

Name

*SAME*

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

*Peggy A Venegas, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-22-01*

**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	GENE BAGBY	DIRECTOR-ADVISOR
STREET ADDRESS	THOMAS JEFFERSON HWY, PO BOX 775	
CITY-ST-ZIP	ELKTON KY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VENEGAS, JUSTO HUGO	VILE PRESIDENT
STREET ADDRESS	2818 S FERNCREEK AVE	DIRECTOR
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANICE LOPER	DIRECTOR-SECT.
STREET ADDRESS	2819 SO BROWN ST	SUNDAY SCHOOL
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENEGAS, REYNALDO A	ADMINISTRATOR
STREET ADDRESS	2803 HARRISON AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, DORIS J	DIRECTOR
STREET ADDRESS	2214 LUCERNE TERR	ASSN'T SECT.
CITY-ST-ZIP	ORLANDO FL	
TITLE	POPE, MERIDITH	<input type="checkbox"/> Delete
NAME	7025 STOCKHOLM	DIRECTOR
STREET ADDRESS	ORLANDO FL, 32822	ASSOCIATE
CITY-ST-ZIP		MINISTER

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:

*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*

Date

Daytime Phone #

*4-22-01 407-896-9690*

CR2E037 (10/00)