

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90080 032 \*\*\*\*70.00

**DOCUMENT # N21767**

1. Entity Name

EMMANUEL CHURCH OF CHRIST, INC.



Principal Place of Business

2818 S. FERN CREEK AV.  
ORLANDO FL 32806  
US

Mailing Address

2818 S. FERN CREEK AV  
ORLANDO FL 32806  
US

20014169



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2892453

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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. 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GENE BAGBY	
STREET ADDRESS	THOMAS JEFFERSON HWY, PO BOX 775	
CITY-ST-ZIP	ELKTON KY 42220	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VENEGAS, JUSTO HUGO	
STREET ADDRESS	2818 S FERN CREEK AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	JANICE LOPER	
STREET ADDRESS	414 E PINE ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENEGAS, REYNALDO A	
STREET ADDRESS	2903 HARRISON AVE.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, DORIS J	
STREET ADDRESS	2214 LUCERNE TERR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	POPE, MERIDITH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7025 STOCKHOLM	
CITY-ST-ZIP	ORLANDO FL 32822	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SAME</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Same</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Assistant Sect</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Change Title</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Same</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>change title</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Eliminate Pope</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>she resigned!</i>	
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 embowered.

SIGNATURE:

*Eldon S. Venegas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Pres. 2-14-05*  
*407-896-9690*