## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N21767**

1. Entity Name

EMMANUEL CHURCH OF CHRIST, INC.



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

2818 S. FERN CREEK AV. ORLANDO, FL 32806 US Mailing Address

2818 S. FERNCREEK AV ORLANDO, FL 32806 U



## DO NOT WRITE IN THIS SPACE

03152007 No Chg-NP

CR2E037 (4/06)

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. FERNCREEK AVE. ORLANDO, FL 32806-5541

## 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 PEGGY A. VENEGAS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when participating and title if applicable.)					
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000750223 05/18/07-80056-001 61.25
10.	OFFICERS AND DIRECTORS				Unnontrotto
TITLE NAME	D GENE BAGBY				000000750223 ^ 05/18/07-80056-002 8.75
STREET ADDRESS CITY-ST-ZIP	THOMAS JEFFERSON HWY, PO BOX ELKTON, KY 42220				
TITLE	VD				
NAME	VENEGAS, JUSTO HUGO				
STREET ADDRESS	2818 S FERNCREEK AVE				
CITY-ST-ZIP	ORLANDO, FL 32806				•
TITLE	AS				
NAME	JANICE LOPER				
STREET ADDRESS CITY-ST-ZIP	414 E PINE ST			DO	NOT WRITE
	ORLANDO, FL 32801				
TITLE	D	`		IN .	THIS SPACE
NAME STREET ADDRESS	VENEGAS, REYNALDO A				
CITY-ST-ZIP	2903 HARRISON AVE. ORLANDO, FL 32804				
TITLE	S S				
NAME	DOMINGUEZ, DORIS J				
STREET ADDRESS	2214 LUCERNE TERR				
CITY-ST-ZIP	ORLANDO, FL 32806				
TITLE	DA				

12. I hereby certify that the information supplied with this filling 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 attact prefit with an address, with all other like empowered.

SIGNATURE:

JONES, KATHY E

ALTAMONTE SPRINGS, FL 32701

509 RIVIERA DR

NAME

STREET ADDRESS

CITY-ST-ZIP

SEMAN HOLLOWS

MATURE AND THEE OR PRINTED NAME OF BROWNING OFFICER OR DIRECTOR

March 15, 2007

896-9690