

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

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90189 011 ****70.00

DOCUMENT # N21767

1. Entity Name

EMMANUEL CHURCH OF CHRIST, INC.



Principal Place of Business

**2818 S. FERNCREEK AV.
ORLANDO FL 32806
US**

Mailing Address

**2818 S. FERNCREEK AV
ORLANDO FL 32806
US**

2. Principal Place of Business

2818 So. Ferncreek Av

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

Orlando Fl.

City & State

SAME

Zip

32806

Country

USA

Zip

SAME

Country

SAME

4. FEI Number **59-2892453**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**-\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

N/A

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.

N/A All is the same.

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

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** ☐ Delete
NAME **GENE BAGBY**
STREET ADDRESS **THOMAS JEFFERSON HWY, PO BOX 775**
CITY-ST-ZIP **ELKTON KY 42220**

TITLE **VD** ☐ Delete
NAME **VENEGAS, JUSTO HUGO**
STREET ADDRESS **2818 S FERNCREEK AVE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **JANICE LOPER**
STREET ADDRESS **2819 SO BROWN ST**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete
NAME **VENEGAS, REYNALDO A**
STREET ADDRESS **2903 HARRISON AVE.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Delete
NAME **DOMINGUEZ, DORIS J**
STREET ADDRESS **2214 LUCERNE TERR**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **P** ☐ Delete
NAME **POPE, MERIDITH**
STREET ADDRESS **7025 STOCKHOLM**
CITY-ST-ZIP **ORLANDO FL 32822**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **414 E. Pine St.**
STREET ADDRESS **Orlando, FL 32801**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **SAME**
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:

PEGGY A. VENEGAS 5/13/03 407 896-9690

CR2E037 (10/02)