## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X 12

## Apr 20, 2006 8:00 am Secretary of State DOCUMENT # N23026 1. Entity Name 04-20-2006 90204 045 \*\*\*\*70.00 EMMANUEL BAPTIST CHURCH OF PARRISH, INC. Principal Place of Business Mailing Address yvv -8305 US HWY 301, NORTH PARRISH FL 34219 8305 US HWY 301, NORTH PARRISH FL 34219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 65-0023845 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIS, BILLY R Street Address (P.O. Box Number is Not Acceptable) 4906 ERIE ROAD PARRISH FL 34219 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Addition Change LOWE LELAND C. WILLIS, BILLY R NAME NAME 11113 35 thet. East STREET ADDRESS 4906 ERIE ROAD STREET ADDRESS PARRISH FL 34219 Parrish FL 34219 CSTY - ST - ZSP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE FRASIER, JOSEPH J NAME NAME 3816 LITTLE COUNTRY RD STREET ADDRESS STREET ADDRESS PARRISH FL 34219 CITY-ST-ZIP CITY-ST-7IP D Delete TITLE Change Addition TITLE MCGUIRE, HUGH E JR NAME STREET ADDRESS 11690 ERIE RD. STREET ADDRESS CITY-ST-ZIP PARRISH FL 34219 CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

**FILED** 

BILLY R. WILLIS 4/2/2006 941-722-0218