## 2007 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## Secretary of State 01-18-2007 90109 049 \*\*\*\*70.00 DOCUMENT # N23026 EMMANUEL BAPTIST CHURCH OF PARRISH, INC. 6000277b Principal Place of Business Mailing Address 8305 US HWY 301, NORTH 8305 US HWY 301, NORTH PARRISH, FL 34219 PARRISH, FL 34219 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 65-0023845 City & State Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTMAN, KENNETH A WILLIS, BILLY R Street Address (P.O. Box Number is Not Acceptable) 4906 ERIE ROAD PARRISH, FL 34219 8503 PRINCESS COURT City **PALMETTO** 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. 1/16/07 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to $\Box$ Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TITLE TITLE ☐ Delete Channe Addition WILLIS, BILLY R NAME NAME HARTMAN, KENNETH A STREET ADDRESS 4906 ERIE ROAD STREET ADDRESS 8503 PRINCESS COURT PARRISH, FL 34219 CITY-ST-ZIP CITY-ST-ZIP PALMETTO. FL ☐ Delete TITLE ☐ Change ■ Addition TITLE LOWE, LELAND NAME NAME STREET ADDRESS STREET ADDRESS 11113 35TH CT E CITY-ST-ZIP CITY-ST-ZIP PARRISH, FL 34219 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCGUIRE, HUGH E JR NAME NAME 11690 ERIE RD. STREET ADORESS STREET ADDRESS PARRISH, FL 34219 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 attachment with an address, with all other like empowered.

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FILED Jan 18, 2007 8:00 am