


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90067 044 \*\*\*\*61.25

<b>DOCUMENT # N26837</b> 1. Entity Name <b>EMMANUEL UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>700 MAIN STREET PALATKA, FL 32177</b>			Mailing Address <b>700 MAIN STREET PALATKA, FL 32177</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2499142</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SPELL, ERNEST 401 MAGNOLIA ST. PALATKA, FL 32177</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>WILLIAMS, JOHN</b> RT. 6, BOX 828 PALATKA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Eric Mills, Sr.</b> 431 Wilson Dr. Interlachen, FL, 32148	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SPELL, ERNEST</b> 401 MAGNOLIA ST PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Theima Spell 164 E. McCormick Rd East Palatka, FL, 32131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>FINDLATER, ANDREA</b> 4102 SILVER LAKE DR PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Schneider, Constance 315 N. 7th St. Palatka, FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>BOYD, CHARLIE</b> 1600 NAPOLEAN STREET PALATKA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Boyd, Charlie 1600 Napoleon St. Palatka, FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LOWERY, WESLEY</b> 1506 OCEAN STREET PALATKA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SCHNEIDER, CONSTANCE</b> 315 NTG 7TH ST PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Ernest Spell</u> <b>Ernest Spell</b> <span style="float: right;">2-6-07 325-3577</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					