

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28385

FILED
Jan 26, 2005
Secretary of State

Entity Name: EMMANUEL BAPTIST CHURCH OF POMPANO BEACH, INC.

Current Principal Place of Business:

C/O DAVID TORO
1640 S.W. 61ST AVENUE
POMPANO BEACH, FL

New Principal Place of Business:

Current Mailing Address:

C/O DAVID TORO
3009 NE 2ND TERRACE
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 65-0075570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORO, DAVID
3009 NE 2ND TERRACE
WILTON MANORS, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORO, DAVID,
Address: 3009 NE 2ND TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D () Delete
Name: BLANCO, ARTURO,
Address: 935 N OCEAN AVE., #303
City-St-Zip: DELRAY BEACH, FL 33482

Title: ST () Delete
Name: BROWN, DOROTHY
Address: 3120 HOLIDAY SPRINGS BOULEVARD
City-St-Zip: MARGATE, FL 33334

Title: D () Delete
Name: RIVERA, JOSE,
Address: 1883 SW 63RD TERRACE
City-St-Zip: POMPANO BEACH, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY BROWN

ST

01/26/2005

Electronic Signature of Signing Officer or Director

Date