

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N33711** (5)

1. Corporation Name

EMANUEL CHRISTIAN CENTER, INC.

Principal Place of Business

P.O. BOX 6132
P.O. BOX 526
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 6132
P.O. BOX 526
LAKE WORTH FL 33460



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1989	3a. Date of Last Report 06/12/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0100406	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FIELDS, DELORISA W.
LINCOLN ELEMENTARY SCHOOL
1160 WEST 10TH STREET
RIVERA BEACH FL 33410**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Delorisa W. Fields*

7/14/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	DD
NAME	WOODARD, GWEN	1.2 NAME	Richard Woodard
STREET ADDRESS	1415 S K STREET	1.3 STREET ADDRESS	1535 Douglas Street
CITY - ST - ZIP	LAKE WORTH FL	1.4 CITY - ST - ZIP	LAKE WORTH, FLA 33460
TITLE	TD	2.1 TITLE	SD
NAME	MCCRAY, JOE L.	2.2 NAME	Bridgette A. McClendon
STREET ADDRESS	1505 SOUTH K ST.	2.3 STREET ADDRESS	7291 Willow Spring Circle N.
CITY - ST - ZIP	LAKE WORTH FL	2.4 CITY - ST - ZIP	Lantana, FLA. 33462
TITLE	SD	3.1 TITLE	
NAME	GREEN, VERNETHA M.	3.2 NAME	
STREET ADDRESS	1409 SOUTH K. STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	100001899041
STREET ADDRESS		5.3 STREET ADDRESS	-07/19/96--01009--042
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***61.25
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Woodard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/96

Date

585-9232

Daytime Phone #

CR2E037 (3/96)