

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90008 013 \*\*\*\*61.25

DOCUMENT # **N33711**

Corporation Name

**EMANUEL CHRISTIAN CENTER, INC.**

Principal Place of Business

P.O. BOX 6132

P.O. BOX 526

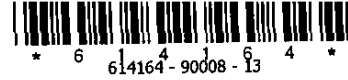
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 6132

P.O. BOX 526

LAKE WORTH FL 33460



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/14/1989	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0100406	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FIELDS, DELORISA W BARTON ELEMENTARY SCHOOL 1700 BARTON RD LAKE WORTH FL 33460				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	
				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	

Pursuant to the provisions of Sections 617.0502 and 617.1608, 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: *Richard Woodard* DATE: 9/8/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	WOODARD, CARRIE	1.2 NAME	
REET ADDRESS	1535 DOUGLAS STREET	1.3 STREET ADDRESS	
Y-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	
LE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	WOODARD, RICHARD	2.2 NAME	
REET ADDRESS	1535 DOUGLAS ST.	2.3 STREET ADDRESS	
Y-ST-ZIP	LAKE WORTH FL 33460	2.4 CITY-ST-ZIP	
LE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	DAVIS, ROSELYN	3.2 NAME	
REET ADDRESS	1513 SOUTH 15TH AVE	3.3 STREET ADDRESS	
Y-ST-ZIP	LAKE WORTH FL 33460	3.4 CITY-ST-ZIP	
LE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	DOLPHUS, GARY	4.2 NAME	
REET ADDRESS	2919 DORSON WAY	4.3 STREET ADDRESS	
Y-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	MOTLOW, TIMOTHY	5.2 NAME	
REET ADDRESS	13106 157 COURT NORTH	5.3 STREET ADDRESS	
Y-ST-ZIP	JUPITER FL 33478	5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Richard Woodard* DATE: 9/8/99 561-585-9232  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (5/99)