

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33711

1. Entity Name
EMANUEL CHRISTIAN CENTER, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90078 019 ****61.25

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 33460-0526
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0100406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIELD, DELORISA W BARTON ELEMENTARY SCHOOL 1700 BARTON RD LAKE WORTH FL 33460	7. Name and Address of New Registered Agent Name Gary Dolphus Street Address (P.O. Box Number is Not Acceptable) 7881 Pebble Beach Ct. City Lake Worth FL Zip Code 33467
---	--

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.

SIGNATURE *Gary Dolphus*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																				
<table border="1"><tr><td>TITLE</td><td>TD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>WOODARD, CARRIE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1535 DOUGLAS STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LAKE WORTH FL 33460</td><td></td></tr><tr><td>TITLE</td><td>VD</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>WOODARD, RICHARD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1535 DOUGLAS ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LAKE WORTH FL 33460</td><td></td></tr><tr><td>TITLE</td><td>SD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DAVIS, ROSELYN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1513 SOUTH 15TH AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LAKE WORTH FL 33460</td><td></td></tr><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DOLPHUS, GARY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2919 DORSON WAY</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>DELRAY BEACH FL 33445</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MOTLOW, TIMOTHY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>13106 157 COURT NORTH</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>JUPITER FL 33478</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	TD	<input type="checkbox"/> Delete	NAME	WOODARD, CARRIE		STREET ADDRESS	1535 DOUGLAS STREET		CITY-ST-ZIP	LAKE WORTH FL 33460		TITLE	VD	<input checked="" type="checkbox"/> Delete	NAME	WOODARD, RICHARD		STREET ADDRESS	1535 DOUGLAS ST.		CITY-ST-ZIP	LAKE WORTH FL 33460		TITLE	SD	<input type="checkbox"/> Delete	NAME	DAVIS, ROSELYN		STREET ADDRESS	1513 SOUTH 15TH AVE		CITY-ST-ZIP	LAKE WORTH FL 33460		TITLE	PD	<input type="checkbox"/> Delete	NAME	DOLPHUS, GARY		STREET ADDRESS	2919 DORSON WAY		CITY-ST-ZIP	DELRAY BEACH FL 33445		TITLE	D	<input type="checkbox"/> Delete	NAME	MOTLOW, TIMOTHY		STREET ADDRESS	13106 157 COURT NORTH		CITY-ST-ZIP	JUPITER FL 33478		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete																																																																																																																																			
NAME	WOODARD, CARRIE																																																																																																																																				
STREET ADDRESS	1535 DOUGLAS STREET																																																																																																																																				
CITY-ST-ZIP	LAKE WORTH FL 33460																																																																																																																																				
TITLE	VD	<input checked="" type="checkbox"/> Delete																																																																																																																																			
NAME	WOODARD, RICHARD																																																																																																																																				
STREET ADDRESS	1535 DOUGLAS ST.																																																																																																																																				
CITY-ST-ZIP	LAKE WORTH FL 33460																																																																																																																																				
TITLE	SD	<input type="checkbox"/> Delete																																																																																																																																			
NAME	DAVIS, ROSELYN																																																																																																																																				
STREET ADDRESS	1513 SOUTH 15TH AVE																																																																																																																																				
CITY-ST-ZIP	LAKE WORTH FL 33460																																																																																																																																				
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																																			
NAME	DOLPHUS, GARY																																																																																																																																				
STREET ADDRESS	2919 DORSON WAY																																																																																																																																				
CITY-ST-ZIP	DELRAY BEACH FL 33445																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																			
NAME	MOTLOW, TIMOTHY																																																																																																																																				
STREET ADDRESS	13106 157 COURT NORTH																																																																																																																																				
CITY-ST-ZIP	JUPITER FL 33478																																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					

12. 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 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.

SIGNATURE: *Gary Dolphus* **2/16/00** **361-966-0780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)