

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36575

FILED
May 07, 2007
Secretary of State

Entity Name: EMMANUEL CHRISTIAN CENTER MINISTRIES, INC

Current Principal Place of Business:

216 SW 2 CT.
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

216 SW 2ND CT
DEERFIELD, FL 33441 US

New Mailing Address:

FEI Number: 65-0179413 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KNOWLES, NATHANIEL B PCD
690 SW 12 CT
DEERFIELD BEACH, FL 33441 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: PCD () Delete
Name: KNOWLES, NATHANIEL B, .
Address: 690 SW 12 CT
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: MDV () Delete
Name: KNOWLES, LINDA P.,
Address: 690 SW 12 CT
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D () Delete
Name: POITIER, INORIS,
Address: 155 SE 3RD ST
City-St-Zip: DEERFIELD BCH, FL 33441 US

Title: SD () Delete
Name: HENRY, GAIL
Address: 347 SE 30TH AVE
City-St-Zip: DEERFIELD BCH, FL 33442 US

Title: D () Delete
Name: POITIER, DAN D
Address: 360 NW 4TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NATHANIEL B. KNOWLES

PCD

05/07/2007

Electronic Signature of Signing Officer or Director

Date