2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# N36575

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 2 CT.
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 65-0179413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KNOWLES, NATHANIEL B PCD
2605 SW 14TH DRIVE
DEERFIELD BEACH, FL 33442 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
Name: KNOWLES, NATHANIEL B.
Address: 2605 SW 14TH DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MDV
Name: KNOWLES, LINDA P.
Address: 2605 SW 14TH DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D
Name: KNOWLES, ANDREA C
Address: 6193 ROCK ISLAND ROAD APT # 406
City-St-Zip: TAMARAC, FL 33319 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: NATHANIEL B KNOWLES PCD 04/25/2011

Electronic Signature of Signing Officer or Director Date