

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90017 017 ****61.25

DOCUMENT # N42503 1. Entity Name EMMANUEL UNITED CHURCH OF CHRIST OF SEBRING, FLORIDA, INC.					
Principal Place of Business 3115 HOPE STREET SEBRING, FL 33875 US			Mailing Address 3115 HOPE STREET SEBRING, FL 33875 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0624399	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPARKS, JIM 2924 SUGARPINE CIR SEBRING, FL 33872				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when withdrawing)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERGUSON, THOMAS 3828 THUNDERBIRD NORTH CIR SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ENOCH, SHIRLEY 3022 LOST BALL DR SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VYGANT, MELVIN 3034 WYNSTONE DR. SEBRING, FL 33875		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT GEUTHER, CAROLYN 4807 PITCHING WEDGE WAY SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPARKS, JIM 2924 SUGARPINE CIR SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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: <u><i>Jim Sparks</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR			Date <u>1-23-08</u> (863) 385-7084 Daytime Phone #		