

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42503

FILED
Jun 23, 2009
Secretary of State

Entity Name: EMMANUEL UNITED CHURCH OF CHRIST OF SEBRING, FLOIRDA, INC.

Current Principal Place of Business:

3115 HOPE STREET
SEBRING, FL 33875 US

New Principal Place of Business:

Current Mailing Address:

3115 HOPE STREET
SEBRING, FL 33875 US

New Mailing Address:

FEI Number: 59-0624399 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

SPARKS, JIM
2924 SUGARPINE CIR
SEBRING, FL 33872 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: SD () Delete
Name: ENOCH, SHIRLEY
Address: 3022 LOST BALL DR
City-St-Zip: SEBRING, FL 33872

Title: TD () Delete
Name: WYGANT, MELVIN
Address: 3034 WYNSTONE DR.
City-St-Zip: SEBRING, FL 33875

Title: AT () Delete
Name: GEUTHER, CAROLYN
Address: 4607 PITCHING WEDGE WAY
City-St-Zip: SEBRING, FL 33872

Title: PD () Delete
Name: SPARKS, JIM
Address: 2924 SUGARPINE CIR
City-St-Zip: SEBRING, FL 33872

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:

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: MELVIN WYGANT

TD

06/23/2009

Electronic Signature of Signing Officer or Director

Date