

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46197** (2)

1. Corporation Name

**EMMANUEL TABERNACLE BAPTIST CHURCH APOSTOLIC FAI
TH, INC.**



Principal Place of Business

**PORT TAMPA ON IDAHO AND SWOOPE ST
4003 LASALLE ST
TAMPA FL 33607**

Mailing Address

**PORT TAMPA ON IDAHO AND SWOOPE ST
4003 LASALLE ST
TAMPA FL 33607**

3. Date Incorporated or Qualified
11/25/1991

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **7316 S. SWOOPE ST.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 **TAMPA, FL**

28

Zip

Country

Zip

Country

24 **33616**

25

29

30

4. FEI Number
59-3095047

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, OLLIE MAE
4003 LASALLE ST
TAMPA FL 33607**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D ANDERSON, KENNETH G.**
STREET ADDRESS **4003 LASALLE ST.**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE
1.2 NAME **ANDERSON, OLLIE MAE**
1.3 STREET ADDRESS **4003 LASALLE ST.**
1.4 CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ DELETE
NAME **S ANDERSON, OLLIE MAE**
STREET ADDRESS **4003 LA SALLE ST.**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE
2.2 NAME **D WILLIAMS, MICHAEL D. SR.**
2.3 STREET ADDRESS **6803 S. CORTEZ AVE.**
2.4 CITY-ST-ZIP **TAMPA, FL 33616**

TITLE ☐ DELETE
NAME **T THOMPSON, ESSIE**
STREET ADDRESS **7502 GERMER ST.**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE
3.2 NAME **D WILLIAMS, DAVID J.**
3.3 STREET ADDRESS **3712 MISTWOOD DR.**
3.4 CITY-ST-ZIP **TAMPA, FL 33619**

TITLE ☐ DELETE
NAME **D BROWN, SELMA**
STREET ADDRESS **2702 BEACH ST.**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE
4.2 NAME **D MATTHEWS, AUDREY A.**
4.3 STREET ADDRESS **7408 ELLIOTT ST.**
4.4 CITY-ST-ZIP **TAMPA, FL 33616**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME **D FLORENCE, WILLIAM**
5.3 STREET ADDRESS **7312 SHERRILL ST.**
5.4 CITY-ST-ZIP **TAMPA, FL 33616**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME **D FLORENCE, LOUVENIA**
6.3 STREET ADDRESS **7312 SHERRILL ST.**
6.4 CITY-ST-ZIP **TAMPA, FL 33616**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 8, 1996

(813)828-5273, X2408

Date

Daytime Phone #

CR2E037 (12/95)