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Feb 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

7316 S SWOOPE ST  
4003 LASALLE ST  
TAMPA FL 33616  
US

PORT TAMPA ON IDAHO AND SWOOPE ST  
4003 LASALLE ST  
TAMPA FL 33607-2308

3. Date Incorporated or Qualified  
11/25/1991

3a. Date of Last Report  
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

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 D ☐ DELETE  
NAME ANDERSON, KENNETH G.  
STREET ADDRESS 4003 LASALLE ST.  
CITY - ST - ZIP TAMPA FL 33607

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE S ☐ DELETE  
NAME ANDERSON, OLLIE MAE  
STREET ADDRESS 4003 LA SALLE ST.  
CITY - ST - ZIP TAMPA FL 33616

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D ☒ DELETE  
NAME WILLIAMS, DAVID J  
STREET ADDRESS 3712 MISTWOOD DR  
CITY - ST - ZIP TAMPA FL 33619

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE D ☒ DELETE  
NAME WILLIAMS, MICHAEL D  
STREET ADDRESS 6803 S. COTTEZ AVE.  
CITY - ST - ZIP TAMPA FL 33616

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ollie Mae Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97 813- 877-6560  
Date Daytime Phone # 0047582

CR2E037 (9/96)