## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N46197**

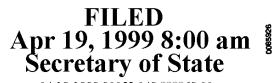
1. Corporation Name

EMMANUEL TABERNACLE BAPTIST CHURCH APOSTOLIC FAI TH, INC.

Principal Place of Business 7316 S SWOOPE ST 4003 LASALLE ST

Mailing Address

PORT TAMPA ON IDAHO AND SWOOPE ST 4003 LASALLE ST



04-19-1999 90052 049 \*\*\*\*69.00



US	סוס	TAMPA PL 33007					.,, .,.,,	
21	ace of Business	2a. Mailing Address			Date Incorporated or Qualifed     11/25/1991      FEI Number		plied For	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-3095047	<del>  -   -   -   -   -   -   -   -   -   -</del>	t Applicable	
City & State		City & State				\$8.75 A		
23		28			5. Certifcate of Status Desired	Fee Re		
Zip	Country	Zip	Coun	try	6. Election Campaign Financing	\$5.00	Мау Ве	
24	25	29 3	30		Trust Fund Contribution	Added t	o Fees	
	9. Name and Address of Current	Registered Agent		04   10	10. Name and Address of New Registere	d Agent	-	ł
				B1 Name				)
ANDERSO	ON, OLLIE MAE		1	82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
4003 LAS			-	83				1
tampa fi	L 33607							Ţ
				84 City		85 Zip C	Code	
11 Dureuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statute	s. the ab	ove-named corpo	oration submits this statement for the purpose	of changing its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au	thonzed	by the corporatio	on's board of directors. I hereby accept the app	ointment as reg	gistered	
SIGNATURE			á		d when reinstating) DATE	_		ء ا
12.	Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTOR:		Registered Agent signature require 13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	Į o
TITLE	D OF TOLKS ARE	DELETE	1.1 TM	E		☐ Change	Addition	1
NAME [	ANDERSON, KENNETH G.	<b>.—</b> ·	1.2 NA					1 5
STREET ADDRESS	4003 LASALLE ST.		1.3 STR	EET ADORESS				Ì
CITY-ST-ZIP	TAMPA FL 33607		1.4 CIT	r-st-zip				] 8
TITLE	S	☐ DELETE	2.1 ∏∏.	£		☐ Change	☐ Addition	1
NAME	ANDERSON, OLLIE MAE		2.2 NAN	Æ [				l
STREET ADDRESS	4003 LA SALLE ST.		2.3 STR	REET ADDRESS				. ~
CITY-ST-ZIP	TAMPA FL 33616			Y-ST-ZIP			- Addition	1
πLE	T:"	☐ DELETE	3.1 TTT	Ę		Change	Addition	
NAME	THOMPSON, ESSIE		3.2 NAA	j j				
STREET ADDRESS	7502 GERMER ST.			REET ADDRESS				
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP		Change	Addition	-
TITLE	D	☐ DELETE	4.1 TITL			∟ criange	LI AGGROII	
NAME	BROWN, SELMA		4. 2 NA					
STREET ADDRESS	2702 BEACH ST.			REET ADDRESS				
CITY-ST-ZIP	TAMPA FL		_	Y-ST-ZIP		Change	Addition	┨
TITLE		☐ DELETE	5.1 TITE 5.2 NA			Cliquige		1
NAME				REET ADDRESS				1
STREET ADDRESS				Y-ST-ZIP				\
CITY-ST-ZIP		☐ DELETE	6.1 TITI			Change	Addition	1
TITLE		ب محدداد	6.2 NAI	·				-
NAME		·		REET ADORESS				
STREET ADDRESS			0.3 311	EL MINICOS				

CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE: