## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46197

FILED May 01, 2007 Secretary of State

Entity Name: EMMANUEL TABERNACLE BAPTIST CHURCH APOSTOLIC FAITH, INC.

urrent P	rincipal Place of	i Business:	New Principal	Place of Business:
316 S SV 003 LASA AMPA, F				
urrent N	lailing Address:		New Mailing A	ddress:
ORT TAI 003 LASA AMPA, F	ALLE ST	AND SWOOPE ST		
accordan	ce with s. 607.193(2	FEI Number Applied For() )(b), F.S., the corporation did n rent Registered Agent:		( ) Certificate of Status Desired ( ) ress of New Registered Agent:
	DN, RONALD J SHTS BRANCH S L 33637 US	π		
ne above	named entity sub	mits this statement for the	purpose of changing its rec	sistered office or registered agent, or both.
	named entity sub e of Florida.	omits this statement for the	purpose of changing its reg	gistered office or registered agent, or both,
	e of Florida. RE:			gistered office or registered agent, or both,
the State	e of Florida. RE:	omits this statement for the Signature of Registered Ag		gistered office or registered agent, or both,  Date
the State	e of Florida. RE:	Signature of Registered Ag	gent	
the State IGNATUI  FFICER: tle: ame: ddress:	e of Florida.  RE:  Electronic	Signature of Registered Ag DRS: elete ALD J., RANCH ST	gent	Date
the State	e of Florida.  RE: Electronic  S AND DIRECTO  PD () De ANDERSON, RON, 9217 KNIGHTS BR	Signature of Registered Age  PRS:  elete  ALD J.,  RANCH ST  elete  E MAE,  T.	gent  ADDITIONS/CH  Title:  Name:  Address:	Date HANGES TO OFFICERS AND DIRECTOR
FFICER: de: ame: dress: ty-St-Zip: de: ame: dress:	E of Florida.  RE:  Electronic  S AND DIRECTO  PD () De ANDERSON, RON, 9217 KNIGHTS BR TAMPA, FL 33637  S () De ANDERSON, OLLII 4003 LA SALLE ST	Signature of Registered Agores: elete ALD J., RANCH ST r elete E MAE, T. S elete REY, T.	gent  ADDITIONS/CH  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date HANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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: RONALD J. ANDERSON PD 05/01/2007