

# 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.

**Current Principal Place of Business:**

7316 S SWOOPE ST  
4003 LASALLE ST  
TAMPA, FL 33616 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3095047      **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:**

ANDERSON, RONALD J  
9217 KNIGHTS BRANCH ST  
TAMPA, FL 33637 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: PD ( ) Delete  
Name: ANDERSON, RONALD J.,  
Address: 9217 KNIGHTS BRANCH ST..  
City-St-Zip: TAMPA, FL 33637

Title: S ( ) Delete  
Name: ANDERSON, OLLIE MAE,  
Address: 4003 LA SALLE ST.  
City-St-Zip: TAMPA, FL 33616

Title: T ( ) Delete  
Name: MATTHEWS, AUDREY,  
Address: 7316 SWOOPE ST.  
City-St-Zip: TAMPA, FL 33616

Title: D ( ) Delete  
Name: BROWN, SELMA,  
Address: 2702 BEACH ST.  
City-St-Zip: TAMPA, FL

**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: RONALD J. ANDERSON

PD

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date