## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46197

**FILED** May 01, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

7316 S SWOOPE ST 4003 LASALLE ST TAMPA, FL 33616

7316 S SWOOPE ST TAMPA, FL 33616 US

**Current Mailing Address:** 

**New Mailing Address:** 

PORT TAMPA ON IDAHO AND SWOOPE ST 4003 LASALLE ST

9814 BLUE PALM WAY TAMPA, FL 33610

TAMPA, FL 33607

FEI Number: 59-3095047

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:

Name and Address of New Registered Agent:

ANDERSON, RONALD J 9217 KNIGHTS BRANCH ST TAMPA, FL 33637

ANDERSON, RONALD J 9814 BLUE PALM WAY TAMPA, FL 33610

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:

05/01/2008

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

() Change () Addition

() Change () Addition

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

ANDERSON, RONALD J., 9814 BLUE PALM WAY TAMPA, FL 33610

Title: () Delete Title: Name: Address:

Name:

Address:

City-St-Zip:

ANDERSON, OLLIE MAE, Name: Address: 4003 LA SALLE ST. City-St-Zip: TAMPA, FL 33616

City-St-Zip:

Title: () Delete MATTHEWS, AUDREY, Name:

Title: Name: Address: City-St-Zip:

7316 SWOOPE ST. Address: City-St-Zip: TAMPA, FL 33616

Title: () Change () Addition

Title: (X) Delete Name: BROWN, SELMA, 2702 BEACH ST. Address:

City-St-Zip:

TAMPA, FL

Address: City-St-Zip:

Name:

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 Electronic Signature of Signing Officer or Director PD

05/01/2008

Date