2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50687

FILED Jan 16, 2009 Secretary of State

Entity Name: EMMANUEL WORSHIP AND TEACHING CENTER CHURCH AND FATHERS HEART MINISTRIES INC.

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

811 WILDOAK AVE. 1816 WINSTON AVE DESTIN, FL 32541 NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

811 WILDOAK AVE. 1816 WINSTON AVE DESTIN, FL 32541 NAVARRE, FL 32566

FEI Number: 43-1509196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBINSON, DAN
811 WILDOAK AVE.
DESTIN, FL 32541 US
ROBINSON, DAN
1816 WINSTON AVE
NAVARRE, FL 32566 US

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: 01/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ROBINSON, DAN Name: ROBINSON, DAN

 Address:
 811 WILDOAK AVE.
 Address:
 1816 WINSTON AVE

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 NAVARRE, FL 32566

Title: VTD () Delete Title: VTD (X) Change () Addition

 Name:
 ROBINSON, DAN
 Name:
 ROBINSON, DAN

 Address:
 811 WILDOAK AVE.
 Address:
 1816 NAVARRE AVE

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 NAVARRE, FL 32566

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 KURZER, JEFF
 Name:
 KURZER, JEFF

 Address:
 811 WILD OAK AVE
 Address:
 1816 WINSTON AVE

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 NAVARRE, FL 32566

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: DAN ROBINSON PD 01/16/2009