FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3: 13

DOCUMENT # N51409 (3)

1. Corporation Name
EMMANUEL BAPTIST CHURCH, INC.

Principal Place of Business
1901 BARBADOS ROAD
LAKE CLARKE SHORES FL 33406

Mailing Address
1901 BARBADOS ROAD
LAKE CLARKE SHORES FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1992
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2190197 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SHORR, RICHARD
1901 BARBADOS ROAD
LAKE CLARKE SHORES FL 33406

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TPV	1.1 TITLE	~~Trustee~~	☒ Change ☐ Addition
NAME	CHEESMAN, FRED	1.2 NAME	Wilbert Lopez	
STREET ADDRESS	4064 COOLEY CT	1.3 STREET ADDRESS	92 Akron Rd.	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	Lakeworth, Fl. 33467	
TITLE	DT	2.1 TITLE	~~Trustee~~	☒ Change ☐ Addition
NAME	CAREY, FRANK	2.2 NAME	Bill Nichols	
STREET ADDRESS	1407 KIRK ROAD	2.3 STREET ADDRESS	919 North Palm way	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	2.4 CITY-ST-ZIP	Lake Worth, Fl. 33460	
TITLE	DT	3.1 TITLE	~~Chair~~ R	☐ Change ☐ Addition
NAME	CONKLIN, RON	3.2 NAME		
STREET ADDRESS	849 BISCAYNE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE	PASTOR	☒ Change ☐ Addition
NAME	SHORER, RICHARD	4.2 NAME	Richard P. Shorr	
STREET ADDRESS	361 CAVALIER RD	4.3 STREET ADDRESS	2736 Moreno Rd	
CITY-ST-ZIP	PALM SPRINGS FL 33461	4.4 CITY-ST-ZIP	West Palm Beach, Fl 33406	
TITLE		5.1 TITLE	Carl Robinson	☐ Change ☒ Addition
NAME		5.2 NAME	361 Cavalier Rd	
STREET ADDRESS		5.3 STREET ADDRESS	Palm Springs, Fl. 33461	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 3/8/95 407-967-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004800/3