


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90216 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N51409					
1. Corporation Name EMMANUEL BAPTIST CHURCH, INC.					
Principal Place of Business 1901 BARBADOS ROAD LAKE CLARKE SHORES FL 33406-6732			Mailing Address 1901 BARBADOS ROAD LAKE CLARKE SHORES FL 33406-6732		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2190197	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHORR, RICHARD 1901 BARBADOS ROAD LAKE CLARKE SHORES FL 33406		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JERRY	1.2 NAME	
STREET ADDRESS	1 ROGART CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33462	1.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, JIM	2.2 NAME	
STREET ADDRESS	1869 VIOLET AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL 33415	2.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHORR, ROBERT	3.2 NAME	SANDOVE, Ed
STREET ADDRESS	10592 BOBBIE LANE	3.3 STREET ADDRESS	104 Wedgewood Lakes
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	3.4 CITY-ST-ZIP	GREENWATER, FL 33463
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, MIKE	4.2 NAME	
STREET ADDRESS	1883 VIOLET AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	4.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONKLIN, MIKE	5.2 NAME	McGUIRE, Bob
STREET ADDRESS	3206 FOREST HILL BLVD., #123	5.3 STREET ADDRESS	PLAINS OR.
CITY-ST-ZIP	WEST PALM BCH FL 33406	5.4 CITY-ST-ZIP	LAKE WORTH, FL 33436
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 5-61-967-1149
 Date Daytime Phone #

CR2E037 (1/98)