


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90081 047 \*\*\*\*61.25

<b>DOCUMENT # N51409</b> 1. Entity Name <b>EMMANUEL BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>1901 BARBADOS ROAD LAKE CLARKE SHORES FL 33406-6732</b>			Mailing Address <b>1901 BARBADOS ROAD LAKE CLARKE SHORES FL 33406-6732</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILSON, CRAIG 1901 BARBADOS ROAD LAKE CLARKE SHORES FL 33406</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C		TITLE	Chairman of <del>Board</del> Deacons	
NAME	TOULSON, TERRY		NAME	Hugh Scott	
STREET ADDRESS	238 BILBOA STREET		STREET ADDRESS	207 Saratoga Blvd. E.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	TR		TITLE	Treasurer	
NAME	JORDAN, BETTY		NAME	Tom Cox	
STREET ADDRESS	6395 CARTHAGE CIRCLE SOUTH		STREET ADDRESS	340 Pinehurst Road	
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	T		TITLE	Trustee	
NAME	HARDEN, BRIAN		NAME	Chuck Black	
STREET ADDRESS	500 VILLAGE GREEN CIRCLE WEST APT D-310		STREET ADDRESS	4442 Stevens Road	
CITY-ST-ZIP	PALM SPRINGS FL 33461		CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	D		TITLE	Trustee	
NAME	LESTER, CHUCK		NAME	David Rodgers	
STREET ADDRESS	117 SARATOGA BLVD. WEST		STREET ADDRESS	4787 S. Citation Drive	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	TR		TITLE		
NAME	WILSON, GERALD		NAME		
STREET ADDRESS	1 ROBERT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP		
TITLE	T		TITLE		
NAME	JONES, RAY		NAME		
STREET ADDRESS	102 KNIGHT CT		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33411		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Craig Wilson Pastor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>(561) 798-4781</u> <small>Daytime Phone #</small>		