

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N51409

1. Entity 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**

DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2190197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUNTER, THOMAS
1901 BARBADOS ROAD
WEST PALM BEACH, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

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

Rev. Thomas A. Hunter *Thomas A Hunter* *Pastor* *Feb. 10th 2008*

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COD
SCOTT, HUGH
207 SARATOGA BLVD. EAST
ROYAL PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
JORDAN, BETTY
6395 CARTHAGE CIRCLE SOUTH
LAKE WORTH, FL 33463**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BT
COX, TOM
340 PINEHURST ROAD
PALM SPRINGS, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BLACK, CHUCK
4442 STEVENS ROAD
LAKE WORTH, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
WILSON, GERALD
1 ROBERT CIRCLE
BOYNTON BEACH, FL 33426**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000828201
02/25/08-80002-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Hunter *TREASURER*

DATE

Daytime Phone #

2/7/08

561-967-1149