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

APPROVED AND FILED

'95 APR 20 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000824 (4)

1. Corporation Name

EMMANUEL BAPTIST CHURCH OF EUSTIS, FLORIDA, INC.

Principal Place of Business	Mailing Address
1405 NO BAY RD MT DORA FL 32757 US	PO BOX 1392 MT DORA FL 32757 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1992	3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3162653	☐ 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	2a. Mailing Address
21	26 1405 N. Bay Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MT. Dora FL
Zip 24 / Country 25	Zip 29 32757 / Country 30 USA

9. Name and Address of Current Registered Agent

TAYLOR, L E
1029 W. MAGNOLIA
LEESBURG FL 34749

10. Name and Address of New Registered Agent

81 Name: Philip W. McMillin
82 Street Address (P.O. Box Number is Not Acceptable): 34658 Cattail Drive
83
84 City: Eustis FL 85 Zip Code: 32726

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: Philip W. McMillin Philip W. McMillin 4-17-95
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	DPP	1.1 TITLE	DPP	☒ Change ☐ Addition
NAME	TAYLOR, CURTIS L	1.2 NAME	McMillin, Philip W.	
STREET ADDRESS	1385 BAY RD NO	1.3 STREET ADDRESS	34658 Cattail Drive	
CITY-ST-ZIP	MT DORA FL	1.4 CITY-ST-ZIP	Eustis, FL 32726	
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	BORDERS, MARK	2.2 NAME		
STREET ADDRESS	19659 EAGLEVIEW	2.3 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PENNY, FLOYD	3.2 NAME		
STREET ADDRESS	213 RUE DE PARESSE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, CHAMP H	4.2 NAME		
STREET ADDRESS	34603 ESTES RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, DONNIE	5.2 NAME		
STREET ADDRESS	13400 FLORIDA AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ASTATULA FL 34705	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	BORDERS, AARON	6.2 NAME		
STREET ADDRESS	19659 EAGLE VIEW CIR	6.3 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL	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)(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.

SIGNATURE: Philip W. McMillin Philip W. McMillin 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #