

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

5-1-96

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6249

C

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

1405 N BAY RD  
MT DORA FL 32757  
US

3. Date Incorporated or Qualified  
12/17/1992

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3162653

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMILLIN, PHILIP W.  
34658 CATTAIL DR  
EUSTIS FL 32726

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 ☐ DELETE

1. TITLE

☐ Change ☒ Addition

NAME MCMILLIN, PHILIP W.  
STREET ADDRESS 34638 CATTAIL DR  
CITY-ST-ZIP EUSTIS FL

1. NAME  
1. STREET ADDRESS  
1. CITY-ST-ZIP

T  
BORDERS, THOMAS K.  
18305 JOHANNES RD  
LEESBURG, FL 34788

TITLE ☐ DELETE

2. TITLE

☐ Change ☐ Addition

NAME BORDERS, MARK  
STREET ADDRESS 19659 EAGLEVIEW  
CITY-ST-ZIP UMATILLA FL

2. NAME  
2. STREET ADDRESS  
2. CITY-ST-ZIP

TITLE ☒ DELETE

3. TITLE

☐ Change ☐ Addition

NAME PENNY, FLOYD  
STREET ADDRESS 213 RUE DE PARESSE  
CITY-ST-ZIP TAVARES FL 32778

3. NAME  
3. STREET ADDRESS  
3. CITY-ST-ZIP

TITLE ☐ DELETE

4. TITLE

☐ Change ☐ Addition

NAME CLARK, CHAMP H  
STREET ADDRESS 34603 ESTES RD.  
CITY-ST-ZIP EUSTIS FL 32726

4. NAME  
4. STREET ADDRESS  
4. CITY-ST-ZIP

TITLE ☒ DELETE

5. TITLE

☐ Change ☐ Addition

NAME ADAMS, DONNIE  
STREET ADDRESS 13400 FLORIDA AVE.  
CITY-ST-ZIP ASTATULA FL 34705

5. NAME  
5. STREET ADDRESS  
5. CITY-ST-ZIP

TITLE ☐ DELETE

6. TITLE

☐ Change ☐ Addition

NAME BORDERS, AARON  
STREET ADDRESS 19659 EAGLE VIEW CIR  
CITY-ST-ZIP UMATILLA FL

6. NAME  
6. STREET ADDRESS  
6. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96

385-6101

Date

Daytime Phone #

CR2E037 (12/95)