

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # N92000000824

1. Entity Name
EMMANUEL BAPTIST CHURCH OF EUSTIS, FLORIDA,
INC.



Principal Place of Business
1405 NO BAY RD
MT DORA, FL 32757 US

Mailing Address
1405 N BAY RD
MT DORA, FL 32757 US



04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3162653 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBBINS, RON
102 SUE LANE
LADY LAKE, FL 32159

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

000000518678
05/02/06-80023-001 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SANDERS, THOMAS K.
10305 JOANIES RUN
LEESBURG, FL

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROBBINS, RON
102 SUE LANE
LADY LAKE, FL 32159

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
**RON ROBBINS
Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-753-722