


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000000953</b>	
1. Entity Name <b>THE HOLINESS CHURCH OF EMMANUEL, INC.</b>	

Principal Place of Business <b>2841 NW 11TH ST CHURCH FORT LAUDERDALE, FL 33311 US</b>	Mailing Address <b>2980 SW 2ND CT FORT LAUDERDALE, FL 33312 US</b>
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04292008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0393527</b> <i>reinstated copy</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HICKS, RUTH M REV 2980 SW 2ND CT FT LAUDERDALE, FL 33312</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DUDLEY, DOROTHY 3000 NORTH WEST 17TH COURT FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM HICKS, RUTH 2980 SW 2ND CT FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WINNS, ANNIE 491 NORTHWEST 42 AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILS, GREGORY L 2980 SOUTH WEST 2ND COURT FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENSON, JAMIE L 491 NORTH WEST 42 AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEYES, SHARELL B 2980 SOUTH WEST 2ND CT. FORT LAUDERDALE, FL 33312

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05/27/08-80066-004 70.00

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:** *Rev Ruth M Hicks* *Ruth M Hicks* *(Pastor)* *4/29/08* *954-581-2195*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #