2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # N93000003008 1. Entity Name IGLESIA BAUTISTA EMMANUEL OF FT. MYERS, INC. Principal Place of Business Mailing Address 2209 UNITY ST 1424 S E 16TH ST FORT MYERS FL 33901 CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 65-0294458 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NARANJO, ABEL Street Address (P.O. Box Number is Not Acceptable) 1424 SE 16TH ST CAPE CORAL FL 33990 Čitv Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete THILE ☐ Change ☐ Addition NARANJO, INES G NAME NAME 1424 SE 16TH ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CHY-ST-7IP CITY - ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NARANJO, ABEL NAME NAME U00000297803 1424 SE 16TH ST STREET ADDRESS STREET ADDRESS 04/11/05-80044-002 61.25 CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition BILE TITLE Delete RAMES, ILIANA NAME NAME 418 N W 7 AVE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33933 CITY - ST- ZIP CHTY-ST-ZIP TITLE TITLE Change ☐ Addition Delete DIAZ, LOIDA NAME NAME 1112 S E 30 ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP CUY-ST ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIF ☐ Addition HILLE Delete THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

ABEL WARAN TO 4-3-05 3-39-458-46

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