

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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95 APR -6 AM 6:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000004482 (6)**  
1. Corporation Name  
**IMMANUEL FULL GOSPEL BAPTIST CHURCH INC.**

Principal Place of Business Mailing Address

**3209 HIBISCUS AVE  
FT. PIERCE FL 34947  
US**

**3209 HIBISCUS AVE  
FT. PIERCE FL 34947  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/05/1993** 3a. Date of Last Report **06/28/1994**

4. FEI Number **APPLIED FOR 65-0419398** 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

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**KELLEY, MARY  
3209 HIBISCUS AVE.  
FT. PIERCE FL 34947**

10. Name and Address of New Registered Agent

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 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 *Isaac Knight* *Mary Kelley* DATE **3/19/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHT, ISAAC</b>	12 NAME	
STREET ADDRESS	<b>1606 N 18TH ST</b>	13 STREET ADDRESS	<b>D</b>
CITY - ST - ZIP	<b>FT. PIERCE FL</b>	14 CITY - ST - ZIP	
TITLE	<b>S</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHT, LILLIE</b>	22 NAME	
STREET ADDRESS	<b>1606 NORTH 18TH STREET</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. PIERCE FL</b>	24 CITY - ST - ZIP	
TITLE	<b>TD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, HENRY</b>	32 NAME	
STREET ADDRESS	<b>1809 18TH CT</b>	33 STREET ADDRESS	<b>T</b>
CITY - ST - ZIP	<b>FT PIERCE FL</b>	34 CITY - ST - ZIP	
TITLE	<b>V</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, GEORGE</b>	42 NAME	
STREET ADDRESS	<b>522 N 15TH ST</b>	43 STREET ADDRESS	<b>T</b>
CITY - ST - ZIP	<b>FT PIERCE FL</b>	44 CITY - ST - ZIP	
TITLE	<b>T</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADDEN, CLARA</b>	52 NAME	
STREET ADDRESS	<b>805 N 19TH ST</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>FT PIERCE FL</b>	54 CITY - ST - ZIP	
TITLE	<b>STRA</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, MARY LEE</b>	62 NAME	
STREET ADDRESS	<b>3209 HIBISCUS AVE</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>FT PIERCE FL</b>	64 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signatures 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: *Mary Kelley* *Mary Kelley* DATE **3/19/95** (407) 468-5010

SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #