

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004482 (6)

1. Corporation Name
IMMANUEL FULL GOSPEL BAPTIST CHURCH INC.



Principal Place of Business
**3209 HIBISCUS AVE
FT. PIERCE FL 34947
US**

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

3. Date Incorporated or Qualified **10/05/1993** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business
21 **1200 No. 25th St.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. Box 1326**
Suite, Apt. #, etc.

4. FEI Number **65-0419398**
Applied For
Not Applicable

22
City & State
23 **Ft. Pierce, FL**

27
City & State
28 **Ft. Pierce, FL**

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

24 **34950** 25 **U.S.A.**
Zip Country

29 **34954** 30 **U.S.A.**
Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **Eliza Miller**
82 Street Address (P.O. Box Number is Not Acceptable) **308 No. 20th Street**
83
84 City **Ft. Pierce** **FL** 85 Zip Code **34950**

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 *Eliza Miller* **Eliza Miller** **4-13-96**
Signature of registered or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KNIGHT, ISAAC	
STREET ADDRESS	1606 N 18TH ST	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KNIGHT, LILLIE	
STREET ADDRESS	1606 NORTH 18TH STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, HENRY	
STREET ADDRESS	1809 16TH CT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLLINS, GEORGE	
STREET ADDRESS	522 N 15TH ST	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HADDEN, CLARA	
STREET ADDRESS	805 N 19TH ST	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	STRA	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, MARY LEE	
STREET ADDRESS	3209 HIBISCUS AVE	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Boston, Willie
3.3 STREET ADDRESS	2804 Kingsley Dr.
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34946
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STRA
6.3 STREET ADDRESS	Eliza Miller
6.4 CITY-ST-ZIP	308 No. 20th St. Ft. Pierce, FL 34950

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 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: *Eliza Miller* **Eliza Miller** **4-13-96** **(407) 467-6473**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)