

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 18 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000004482 (6)**

1. Corporation Name  
**IMMANUEL FULL GOSPEL BAPTIST CHURCH INC.**



Principal Place of Business 1200 N 25TH ST FT. PIERCE FL 34950 US	Mailing Address P.O. BOX 1326 FT. PIERCE FL 34954-1326 US
--	--

3. Date Incorporated or Qualified <b>10/05/1993</b>	3a. Date of Last Report <b>04/18/1996</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0419398</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ELIZA MILLER</b> <b>308 N 20TH ST</b> <b>FT. PIERCE FL 34950</b>		10. Name and Address of New Registered Agent	
		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	<b>FL</b> <b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHT, ISAAC</b>	1.2 NAME	
STREET ADDRESS	<b>1606 N 18TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHT, LILLIE</b>	2.2 NAME	
STREET ADDRESS	<b>1606 NORTH 18TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSTON, WILLIE</b>	3.2 NAME	
STREET ADDRESS	<b>2804 KINGSLEY ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, GEORGE</b>	4.2 NAME	
STREET ADDRESS	<b>522 N 15TH ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADDEN, CLARA</b>	5.2 NAME	
STREET ADDRESS	<b>805 N 18TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>STRA</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELIZA MILLER</b>	6.2 NAME	
STREET ADDRESS	<b>308 N 20TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **4-13-97** **(561) 467-6473**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 007 1009

CR2E037 (9/96)