


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000004482

1. Entity 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 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

ELIZA MILLER
308 N 20TH ST
FT. PIERCE FL 34950

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

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, ISAAC		NAME		
STREET ADDRESS	1606 N 18TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP	02/05/04-80016-022 61.25	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, LILLIE		NAME		
STREET ADDRESS	1606 NORTH 18TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, WILLIE		NAME		
STREET ADDRESS	2804 KINGSLEY ST		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, GEORGE		NAME		
STREET ADDRESS	522 N 15TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		CITY-ST-ZIP		
TITLE	STRA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZA MILLER		NAME		
STREET ADDRESS	308 N 20TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Isaac Knight* - Isaac Knight 2-1-04 (772) 464-1896