


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

FILED
Apr 20, 2005 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	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0419398		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIZA MILLER 308 N 20TH ST FT. PIERCE FL 34950		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 KNIGHT, ISAAC	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1606 N 18TH ST		NAME
STREET ADDRESS	FT. PIERCE FL		STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	S KNIGHT, LILLIE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1606 NORTH 18TH STREET		NAME
STREET ADDRESS	FT. PIERCE FL		STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	T BOSTON, WILLIE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2804 KINGSLEY ST		NAME
STREET ADDRESS	FT PIERCE FL		STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	V COLLINS, GEORGE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	522 N 15TH ST		NAME
STREET ADDRESS	FT PIERCE FL		STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	STRA ELIZA MILLER	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	308 N 20TH ST		NAME
STREET ADDRESS	FT PIERCE FL		STREET ADDRESS
CITY-ST-ZIP			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: <i>Eliza Miller - Eliza Miller</i>		4-17-05	972-464-9903
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>



1st MOORE CR2E037 (10/04)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 000000318111
 04/20/05-80046-009 61.25