


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000004482</b> 1. Entity Name <b>IMMANUEL FULL GOSPEL BAPTIST CHURCH INC.</b>	
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Principal Place of Business <b>1200 N 25TH ST FT. PIERCE FL 34950 US</b>	Mailing Address <b>P.O. BOX 1326 FT. PIERCE FL 34954 US</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>65-0419398</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent  <b>ELIZA MILLER 308 N 20TH ST FT. PIERCE FL 34950</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when re-registering) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D KNIGHT, ISAAC	TITLE	
NAME		NAME	
STREET ADDRESS	1606 N 18TH ST	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	S KNIGHT, LILLIE	TITLE	
NAME		NAME	
STREET ADDRESS	1606 NORTH 18TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	T BOSTON, WILLIE	TITLE	
NAME		NAME	
STREET ADDRESS	2804 KINGSLEY ST	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	V COLLINS, GEORGE	TITLE	
NAME		NAME	
STREET ADDRESS	522 N 15TH ST	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	STRA ELIZA MILLER	TITLE	
NAME		NAME	
STREET ADDRESS	308 N 20TH ST	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Eliza Miller* **3 5 06 000 1111 1801**