## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 05, 2007 08:00 A Secretary of State DOCUMENT # N93000004482 IMMANUEL FULL GOSPEL BAPTIST CHURCH INC. Principal Place of Business Mailing Address 1200 N 25TH ST P.O. BOX 1326 FT. PIERCE FL 34950 FT. PIERCE FL 34954 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0419398 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo **ELIZA MILLER** Street Address (P.O. Box Number is Not Acceptable) 308 N 20TH ST FT. PIERCE FL 34950 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. IIILE ☐ Delete TITLE U00000692063<sup>©</sup> Change NAME KNIGHT, ISAAC NAME 04/13/07-80036-007 61.25 STREET ADDRESS 1606 N 18TH ST STREET ADDRESS CHY-ST-ZIP FT. PIERCE FL CITY-ST-ZIP Change DITTE Delete ■ Addition NAME KNIGHT, LILLIE NAME STREET ADDRESS 1606 NORTH 18TH STREET STREET ADDRESS CiTY+SI-ZIP FT. PIERCE FL CITY-\$1-7IP TITLE ☐ Delete THE Change ☐ Addition NAME BOSTON, WILLIE NAME STREET ADDRESS 2804 KINGSLEY ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL THE ☐ Defete HILE Change Addition NAME: NAME COLLINS, GEORGE STREET ADDRESS 522 N 15TH ST STREET ADDRESS CITY-ST-7IP FT PIERCE FL CITY-SI-7IP TITLE **STRA** ☐ Delete ☐ Change Addition NAME **ELIZA MILLER** STREET ADDRESS 308 N 20TH ST STREET ADDRESS CITY-SI-ZIP FT PIERCE FL CITY-ST-7/P TILLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY+S1-7IP CITY-S1-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 logal 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:

SIGNATUR