


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
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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DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, ISAAC 1606 N 18TH ST FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNIGHT, LILLIE 1606 NORTH 18TH STREET FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSTON, WILLIE 2804 KINGSLEY ST FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, GEORGE 522 N 15TH ST FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRA ELIZA MILLER 308 N 20TH ST FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/13/08-80040-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Isaac Knight* **ISSAC KNIGHT** *2-24-2008* **772-464-1896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #