

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004482

FILED
Jan 24, 2009
Secretary of State

Entity Name: IMMANUEL FULL GOSPEL BAPTIST CHURCH INC.

Current Principal Place of Business:

1200 N 25TH ST
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1326
FT. PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 65-0419398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNIGHT, ISAAC
Address: 1606 N 18TH ST
City-St-Zip: FT. PIERCE, FL

Title: S () Delete
Name: KNIGHT, LILLIE
Address: 1606 NORTH 18TH STREET
City-St-Zip: FT. PIERCE, FL

Title: T () Delete
Name: BOSTON, WILLIE
Address: 2804 KINGSLEY ST
City-St-Zip: FT PIERCE, FL

Title: V () Delete
Name: COLLINS, GEORGE
Address: 522 N 15TH ST
City-St-Zip: FT PIERCE, FL

Title: STRA () Delete
Name: ELIZA MILLER,
Address: 308 N 20TH ST
City-St-Zip: FT PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KNIGHT, ISAAC
Address: 1606 N 18TH ST
City-St-Zip: FT. PIERCE, FL 34950 US

Title: S (X) Change () Addition
Name: KNIGHT, LILLIE
Address: 1606 NORTH 18TH STREET
City-St-Zip: FT. PIERCE, FL 34950 US

Title: T (X) Change () Addition
Name: BOSTON, WILLIE
Address: 2804 KINGSLEY ST
City-St-Zip: FT PIERCE, FL 34946 US

Title: V (X) Change () Addition
Name: COLLINS, GEORGE
Address: 522 N 15TH ST
City-St-Zip: FT PIERCE, FL 34950 US

Title: STRA (X) Change () Addition
Name: ELIZA MILLER,
Address: 308 N 20TH ST
City-St-Zip: FT PIERCE, FL 34950 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZA MILLER

Electronic Signature of Signing Officer or Director

STRA

01/24/2009

Date