

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90136 019 ****61.25

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**

10001608



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0419398**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____
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 Trust Fund Contribution. **\$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 NAME	D KNIGHT, ISAAC	<input type="checkbox"/> Delete
STREET ADDRESS	1606 N 18TH ST	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE NAME	S KNIGHT, LILLIE	<input type="checkbox"/> Delete
STREET ADDRESS	1606 NORTH 18TH STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE NAME	T BOSTON, WILLIE	<input type="checkbox"/> Delete
STREET ADDRESS	2804 KINGSLEY ST	
CITY-ST-ZIP	FT PIERCE FL	
TITLE NAME	V COLLINS, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	522 N 15TH ST	
CITY-ST-ZIP	FT PIERCE FL	
TITLE NAME	STRA ELIZA MILLER	<input type="checkbox"/> Delete
STREET ADDRESS	308 N 20TH ST	
CITY-ST-ZIP	FT PIERCE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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)(i), 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 information.

SIGNATURE: *Willie Lee Boston* **WILLIE LEE BOSTON** **3-9-03 (772) 466 2717**

CR2E037 (10/02)