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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N93000005624 (2)**

1. Corporation Name

**EMMANUEL BAPTIST CHURCH OF ORLANDO, INC.**

Principal Place of Business

Mailing Address

**1602 BRUTON BLVD  
ORLANDO FL 32805****1602 BRUTON BLVD  
ORLANDO FL 32805-4230**3. Date Incorporated or Qualified  
**01/01/1994**3a. Date of Last Report  
**04/05/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt #, etc.**26** **P.O. BOX 580858**

4. FEI Number

**59-3210022**Applied For  
Not Applicable**22** City & State**27** City & State**ORLANDO, FL**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees**23** Zip Country**28** Zip Country**32858**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No**24****25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGE, NOEL  
5146 MYSTIC POINT CT  
ORLANDO FL 32812****81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **WILSON, WILLIAM S JR**  
STREET ADDRESS **1216 N POWERS DR**  
CITY - ST - ZIP **ORLANDO FL 32818**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE **DV** ☐ DELETE  
NAME **WILSON, PALMA B**  
STREET ADDRESS **1216 N POWERS DR**  
CITY - ST - ZIP **ORLANDO FL 32818**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE **DT** ☐ DELETE  
NAME **LAWTON, LISTON**  
STREET ADDRESS **7020 MILLS RD**  
CITY - ST - ZIP **WINTER PARK FL 32792**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE **DS** ☒ DELETE  
NAME **EDWARDS, CHANIE**  
STREET ADDRESS **6907 SAWMILL BLVD**  
CITY - ST - ZIP **ORLANDO FL**4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **DS**  
4.3 STREET ADDRESS **PALM LAWTON**  
4.4 CITY - ST - ZIP **7020 MILLS ROAD**  
**WINTER PARK, FL 32792**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William S. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97

Date

(407) 294-7233

Daytime Phone # 0018632

CR2E037 (9/96)