

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005624

1. Entity Name

EMMANUEL BAPTIST CHURCH OF ORLANDO, INC.

Principal Place of Business

1602 BRUTON BLVD  
ORLANDO FL 32805

Mailing Address

PO BOX 580858  
ORLANDO FL 32858-0858  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3210022

Applied For

Not Applicable

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

GEORGE, NOEL  
5146 MYSTIC POINT CT  
ORLANDO FL 32812

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete  
NAME WILSON, WILLIAM S JR  
STREET ADDRESS 1216 N POWERS DR  
CITY-ST-ZIP ORLANDO FL 32818

TITLE DP ☒ Change ☒ Addition  
NAME FREDDIE L PATTON  
STREET ADDRESS 6132 CASTLEWOOD LN  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE DV ☒ Delete  
NAME WILSON, PALMA B  
STREET ADDRESS 1216 N POWERS DR  
CITY-ST-ZIP ORLANDO FL 32818

TITLE DV ☒ Change ☒ Addition  
NAME Noel B. George  
STREET ADDRESS 5146 Mystic Pt Ct  
CITY-ST-ZIP Orlando FL 32812

TITLE DT ☐ Delete  
NAME LAWTON, LISTON  
STREET ADDRESS 7020 MILLS RD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME PALM LAWTON  
STREET ADDRESS 7020 MILLS RD  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 empowered.

SIGNATURE:

SICILIA B. GEORGE Noel B. George 1/23/00 407 382 1639

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90019 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE