

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90061 015 ****61.25

DOCUMENT # N93000005624

1. Entity Name

EMMANUEL COMMUNITY BAPTIST CHURCH OF ORLANDO, INC.

Principal Place of Business

Mailing Address

**1602 BRUTON BLVD
 ORLANDO FL 32805**

**PO BOX 580858
 ORLANDO FL 32858
 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 **DT** ☒ Delete
 NAME **LAWTON, LISTON**
 STREET ADDRESS **7020 MILLS RD**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **Pastor** ☐ Change ☒ Addition
 NAME **Clarence Davis**
 STREET ADDRESS **2541 Radford Ave**
 CITY-ST-ZIP **Orlando, FL 32818**

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 **DT** ☐ Delete
 NAME **GEORGE, SADIE L**
 STREET ADDRESS **5746 MYSTIC PT CT**
 CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE **DV** ☐ Delete
 NAME **GEORGE, NOEL B**
 STREET ADDRESS **5146 MYSTIC PT CT.**
 CITY-ST-ZIP **ORLANDO FL 32812**

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:

NOEL B. GEORGE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)