

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005624

1. Entity Name
EMMANUEL COMMUNITY BAPTIST CHURCH OF
ORLANDO, INC.



Principal Place of Business

1229 W. 25TH STREET
ORLANDO, FL 32805

Mailing Address

PO BOX 580858
ORLANDO, FL 32858 US

DO NOT WRITE IN THIS SPACE

07162004 No Chg-NP CR2E037 (10/03)

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

GEORGE, NOEL
5146 MYSTIC POINT CT
ORLANDO, FL 32812

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	ROBINSON, BETTY
STREET ADDRESS	1401 PEG LANE
CITY - ST - ZIP	ORLANDO, FL 32808
TITLE	DT
NAME	GEORGE, SADIE L
STREET ADDRESS	5746 MYSTIC PT CT
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	DV
NAME	GEORGE, NOEL B
STREET ADDRESS	5146 MYSTIC PT CT
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	P
NAME	DAVIS, CLARENCE
STREET ADDRESS	2541 RADFORD AVENUE
CITY - ST - ZIP	ORLANDO, FL 32818

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000171095
08/30/04-80003-007 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/04 407-836-2009
Date Daytime Phone #