

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

2. Principal Place of Business

3. Mailing Address

1229 W. 25th St. Orlando 32805

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. 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
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete
NAME ROBINSON, BETTY
STREET ADDRESS 1401 PEG LANE
CITY-ST-ZIP ORLANDO, FL 32808

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

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

TITLE P ☒ Delete
NAME DAVIS, CLARENCE (Retired)
STREET ADDRESS 2541 RADFORD AVENUE
CITY-ST-ZIP ORLANDO, FL 32818

TITLE ☐ Delete
NAME *Hefing Pastor*
STREET ADDRESS *Calixte, Francois*
CITY-ST-ZIP *P.O. Box 557122*
Orlando, FL 32855-1222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **300061511923**
STREET ADDRESS **11/17/05--01030--002 **70.00**
CITY-ST-ZIP

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

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

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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

11/10/05

(407) 582-1634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #