

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90214 021 ****61.25

DOCUMENT # N93000005624

1. Entity Name

EMMANUEL COMMUNITY BAPTIST CHURCH OF ORLANDO, INC.



Principal Place of Business

Mailing Address

1229 W. 25TH STREET
ORLANDO FL 32805

1229 W. 25TH STREET
ORLANDO FL 32805

2. Principal Place of Business - No P.O. Box #

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**

1st MOORE

CR2E037 (10/06)

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

Calixte Francois

Street Address (P.O. Box Number is Not Acceptable)

5246 N. Orange Blossom Trail Apt 203

City

Orlando

FL

Zip Code

32810

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

Calixte Francois - Pastor 04-09-07

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
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
GEORGE, SADIE L
5146 MYSTIC PT CT
ORLANDO FL 32812 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CALIXTE, FRANCOIS
P.O. BOX 551222
ORLANDO FL 32855-1222 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Altagrace Fr
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Altagrace Francois ☐ Change ☒ Addition
5246 N. Orange Blossom Tr. Apt. 203
Orlando FL 32810

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

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Calixte Francois - Pastor 04-09-07

407-841-5005