
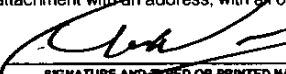


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 1229 W. 25TH STREET ORLANDO, FL 32805		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 551222			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Orlando, FL		4. FEI Number 59-3210022	
Zip		32855		Country U.S.	
6. Name and Address of Current Registered Agent CALIXTE, FRANCOIS 5246 N. ORANGE BLOSSOM TRAIL APT 203 ORLANDO, FL 32810				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DT	NAME GEORGE, SADIE L	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Odnel Francois	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5746 MYSTIC PT CT	CITY-ST-ZIP ORLANDO, FL 32812		STREET ADDRESS 5246 N. Orange Blossom Trail	CITY-ST-ZIP Orlando, FL 32810	
TITLE DV	NAME GEORGE, NOEL B	<input checked="" type="checkbox"/> Delete	TITLE 500133870845	NAME U8/U1/U8--U1047--U10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5146 MYSTIC PT CT.	CITY-ST-ZIP ORLANDO, FL 32812		STREET ADDRESS 500133870845	CITY-ST-ZIP U8/U1/U8--U1047--U10	**\$1.25
TITLE P	NAME CALIXTE, FRANCOIS	<input type="checkbox"/> Delete	TITLE 500133870845	NAME U8/U1/U8--U1047--U10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P.O. BOX 551222	CITY-ST-ZIP ORLANDO, FL 328551222		STREET ADDRESS 500133870845	CITY-ST-ZIP U8/U1/U8--U1047--U10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	NAME ALTAGRACE, FRANCOIS	<input type="checkbox"/> Delete	TITLE 500133870845	NAME U8/U1/U8--U1047--U10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5246 N. ORANGE BLOSSOM TRAIL APT 203	CITY-ST-ZIP ORLANDO, FL 32810		STREET ADDRESS 500133870845	CITY-ST-ZIP U8/U1/U8--U1047--U10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	NAME ALTAGRACE, FRANCOIS	<input type="checkbox"/> Delete	TITLE 500133870845	NAME U8/U1/U8--U1047--U10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **07-25-08: 407-841-500**

Date: 07/25/08 Daytime Phone #: 407-841-500

FILED
08 JUL 30 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07252008 Chg-NP CR2E037 (12/06)

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

CALIXTE, FRANCOIS
5246 N. ORANGE BLOSSOM TRAIL APT 203
ORLANDO, FL 32810

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
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Make check payable to
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CITY-ST-ZIP ORLANDO, FL 32812 ☒ Delete

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

TITLE P
NAME CALIXTE, FRANCOIS
STREET ADDRESS P.O. BOX 551222
CITY-ST-ZIP ORLANDO, FL 328551222 ☐ Delete

TITLE DT
NAME ALTAGRACE, FRANCOIS
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CITY-ST-ZIP ORLANDO, FL 32810 ☐ Delete

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SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

07-25-08: 407-841-500
Date: 07/25/08 Daytime Phone #: 407-841-500

7/31/08