

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005624

FILED
Sep 18, 2009
Secretary of State

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

Current Principal Place of Business:

1229 W. 25TH STREET
ORLANDO, FL 32805

New Principal Place of Business:

5246 N. ORANGE BLOSSOM TRAIL, STE 203
ORLANDO, FL 32810 US

Current Mailing Address:

P.O.BOX 551222
ORLANDO, FL 32855

New Mailing Address:

FEI Number: 59-3210022 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: _____

09/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ODNEL, FRANCOIS
Address: 5246 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32810

Title: P () Delete
Name: CALIXTE, FRANCOIS
Address: P.O. BOX 551222
City-St-Zip: ORLANDO, FL 328551222

Title: DT () Delete
Name: ALTAGRACE, FRANCOIS
Address: 5246 N. ORANGE BLOSSOM TRAIL APT 203
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ODNEL, FRANCOIS
Address: 5246 N. ORANGE BLOSSOM TRAIL, STE 203
City-St-Zip: ORLANDO, FL 32810 US

Title: P (X) Change () Addition
Name: CALIXTE, FRANCOIS
Address: 5246 N. ORANGE BLOSSOM TRAIL, STE 203
City-St-Zip: ORLANDO, FL 32810 US

Title: DT (X) Change () Addition
Name: ALTAGRACE, FRANCOIS
Address: 5246 N. ORANGE BLOSSOM TRAIL, STE 203
City-St-Zip: ORLANDO, FL 32810 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR CALIXTE FRANCOIS

P

09/18/2009

Electronic Signature of Signing Officer or Director

Date