

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91340 018 \*\*\*\*\*70.00

**DOCUMENT # N93000005624**

1. Entity Name

**EMMANUEL COMMUNITY BAPTIST CHURCH OF ORLANDO, IN C.**



Principal Place of Business

1602 BRUTON BLVD  
ORLANDO FL 32805

Mailing Address

PO BOX 580658  
ORLANDO FL 32858  
US

2. Principal Place of Business

*1229 W. 25th Street*

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orlando, FL*

City & State

*Orlando, FL*

Zip

*32805*

Country

*Orange*

Zip

*32805*

Country

*Orange*

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**

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

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**

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 **DS** ☒ Delete  
NAME **PALM LAWTON**  
STREET ADDRESS **7020 MILLS RD**  
CITY-ST-ZIP **WINTER PARK FL**

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**  
STREET ADDRESS **2541 RADFORD AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **Betty Robinson DT**  
STREET ADDRESS **1401 Pearl Lane**  
CITY-ST-ZIP **Orlando, FL 32808**

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Sadie L. George* **Sadie L. George** *4-22-03 4073821634*

CR2E037 (10/02)