FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
annual report



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N9400005341 (2)

EMMANUEL BAPTIST CHURCH OF BRADFORD COUNTY, INCO RPORATED

Principal Place of Business Mailing Address

124 NW AVE. RT. 1. BOX 566-E



STARKE FL		rt. 1. Box 566-e Lake Butler FL 320	054						
					3. Date Incorporated or Qua 10/27/1994	alified 3a. [	Date of Last 04/18/1		
2. Principal Place of Business 2a. Mailing Address 21 19511 NW 124 Avenue 26					4. FEI Number			Applied For	
					59-2959754	59-2959754		Not Applicable	
22 27					5. Certificate of Status Desi	red 🔲		Additional Required	
23 Starke, Florida 28			·		Election Campaign Finance     Trust Fund Contribution	cing 🔲	Added to Fees		
Zip Country Zip (24) 32091 (25) Bradford (29)			Country 30		8. This corporation has liability for intangible tax under s. 199.032,				
9. Name and Address of Current Registered Agent				30 Florida Statutes Yes X No 10. Name and Address of New Registered Agent					
				81 Name	70. Italio and Pagiogs Bi	new riegistered	Ageill		
HERRIN	G, DAVID W		L						
AT. 4, BOX 2130				82 Street Address (P.O. Box Number is Not Acceptable)					
LAKE B	LAKE BUTLER FL 32054			83					
				B4 City		EI	85 Zx	Code	
11. Pursuant t	to the provisions of Sections 617,0502 ed agent, or both, in the State of Florid	and 617.1508, Florida Statut	es, the abov	e named co	orporation submits this statement for t	he purpose of ch	anging its re	egistered office	
familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. 300n change was aumoriz on 617.0503, Florida Statutes	rea by the co s.	orporation's	board of directors. I hereby accept the	e appointment a:	s registered	agent. I am	
SIGNATURE	Signature, typers or printed name of regreseral agent of								
12.		ND DIRECTORS 13.			ADDITIONS CHANGES 1	OATE OFFICERS AN	D DIDLETO	FICURE OF	
TITLE	PVTS	DELETE		E			Change	Addition	
NAME	· HERRING, DAVID	<b>→</b>	1.2 NAM		**************************************	X.	☐ onange	C3 Montion	
STREET ADDRESS	RT. 4, BOX 2130			EET ADDRESS	<b>\x\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</b>				
CITY-ST-ZIP	LAKE BUTLER FL 32054		ľ	f - \$1 - ZIP	MANAMARABOAN	ERROR		ļ	
TITLE	D	DELETE	2 1 1111		P/D		Change	Addition	
NAME	DAVIS, LLOYD		2.2 NAM		Lloyd Davis		(=)-Change	L Addition	
STREE! ADDRESS	RT 2 BOX 48			EFT ADDRESS		1			
CITY-ST-ZIP	HAWTHORNE FL 32640		1		Route 2 Box 48				
TITLE	T	DELETE	3 1 TITL	Y ST-ZIP	Rawthorne, Fl.		Change		
NAME	HERRING, MARY J	430000	3.2 NAM		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
STREET ADDRESS	RT 4 BOX 2130			EET ADDRESS	Andrew J. Floyd	d Jr.			
CITY-SI-2IP	LAKE BUTLER FL 32054-9729				6747 Spring Lal	ce Villa	ige Rd	l <b>.</b>	
TITLE	- WE DETECT TE OLOGY OF LO	DELETE	4 1 TITL	r - \$1 - ZIP	Keystona Height	s, Fl.	32656	<b>62</b>	
NAME			4 2 NAI		ST /D		∟ unange	Addition	
STREET ADDRESS				j	Annie B. Davis	_			
CITY-ST-ZIP				ET ADDRESS		j.		İ	
THE		DELETE	5.1 T(JL	-SI-ZIP	Rt. 2 30x 48	2061		<del></del>	
NAME			5 2 NAM		Hawthorne, Fl.			Addition	
STREET ADORESS					600001	7604	16	-	
CITY - ST - ZIP				ET ADDRESS	<b>600001</b> -03/28/96	01018bo	03	:	
TITLE		DELETE		· ST - ZIP	***61.25				
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STREET ADDRESS			6 2 NAM				CON S	20	
CITY-SI-ZIP				ET ADDRESS			7	55-96	
44 Ldobash	and the fact the fact		6 4 CITY	- ST - 7(P			~~~		

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE CRIME OF SIGNING OFFICER OF DIRECTOR DIRECTOR 2013 21/1/46 253 1/8/2983