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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF <b>Sandra B. Mon</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005341 (2)**

1. Corporation Name

**EMMANUEL BAPTIST CHURCH OF BRADFORD COUNTY, INCORPORATED**

Principal Place of Business

Mailing Address

**511 NW 124TH AVENUE  
STARKE FL 32091**

**RT. 1. BOX 566-E  
LAKE BUTLER FL 32054-8312**



2. Principal Place of Business <b>21 19511 NW 124th Ave.</b>		2a. Mailing Address <b>26 19511 NW 124th Ave.</b>		3. Date Incorporated or Qualified <b>10/27/1994</b>	3a. Date of Last Report <b>03/27/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2959754</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>23 LAKE BUTLER, FLORIDA</b>		27 City & State <b>28 LAKE BUTLER, FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 32054</b>		Country <b>25 Bradford</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>29 32054</b>		City <b>30 Bradford</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HERRING, DAVID W RT. 4, BOX 2130 LAKE BUTLER FL 32054</b>				10. Name and Address of New Registered Agent	

Name  
**ANNIE B DAVIS**

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

**19124 NE 22nd LANE**

**RT. 2 BOX 48**

City  
**HAWTHORNE**

FL

85

Zip Code  
**32640**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Annie B. Davis*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

4/15/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 T	<b>D</b>
NAME	<b>DAVIS, LLOYD</b>	1.2 N	<b>Daniel Vessel</b>
STREET ADDRESS	<b>ROUTE 2 BOX 48</b>	1.3 SET ADDRESS	<b>1216 Blanding St.</b>
CITY-ST-ZIP	<b>HAWTHORNE FL 32640</b>	1.4 C-ST-ZIP	<b>Starke, Florida 32091</b>
TITLE	<b>VPD</b>	2.1 T	<b>D</b>
NAME	<b>FLOYD, ANDREW J</b>	2.2 N	<b>Daniel Vessel</b>
STREET ADDRESS	<b>6747 SPRING LAKE VILLAGE ROAD</b>	2.3 SET ADDRESS	<b>1216 Blanding St.</b>
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL 32656</b>	2.4 C-ST-ZIP	<b>Starke, Florida</b>
TITLE	<b>STD</b>	3.1 T	
NAME	<b>DAVIS, ANNIE B</b>	3.2 N	
STREET ADDRESS	<b>ROUTE 2 BOX 48</b>	3.3 SET ADDRESS	
CITY-ST-ZIP	<b>HAWTHORNE FL 32640</b>	3.4 C-ST-ZIP	
TITLE		4.1 T	
NAME		4.2 N	
STREET ADDRESS		4.3 SET ADDRESS	
CITY-ST-ZIP		4.4 C-ST-ZIP	
TITLE		5.1 T	
NAME		5.2 N	
STREET ADDRESS		5.3 SET ADDRESS	
CITY-ST-ZIP		5.4 C-ST-ZIP	
TITLE		6.1 T	
NAME		6.2 N	
STREET ADDRESS		6.3 SET ADDRESS	
CITY-ST-ZIP		6.4 C-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**ANNIE B. DAVIS**

4/15/97 353-481-3982

CR2E037 (9/96)