## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000005341

FILED May 16, 2007 Secretary of State

Entity Name: EMMANUEL BAPTIST CHURCH OF BRADFORD COUNTY, INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** 19511 NW 124TH AVENUE LAKE BUTLER, FL 32054 US **Current Mailing Address: New Mailing Address:** P.O.BOX 852 LAKE BUTLER, FL 32054 US FEI Number: 59-2959754 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: Name and Address of New Registered Agent: BERGMAN, DOUGLAS BERGMAN, DOUGLAS W 20033 S.E. 84TH STREET 20033 S.E. 84TH STREET LAKE BUTLER, FL 32054 US LAKE BUTLER, FL 32054 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: DOUGLAS W. BERGMAN 05/16/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition BERGMAN, DOUGLAS Name: Name: Address: 20033 S.E. 84TH ST. Address: City-St-Zip: LAKE BUTLER, FL 32054 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: BERGMAN, CAROL Name: Address: 20033 S.E. 84TH ST. Address: City-St-Zip: LAKE BUTLER, FL 32054 US City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: THOMPSON, JOANAS E Name: P O BOX 491 Address: Address: City-St-Zip: City-St-Zip: LAKE BUTLER, FL 32054 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: JOANAS E.THOMPSON O 05/16/2007