FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000000408 (2)

Country

9. Name and Address of Current Registered Agent

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EMMANUEL INDEPENDENT METHODIST CHURCH, INC.

Principal Place of Business Mailing Address 1600 8TH AVENUE WEST 1600 8TH AVENUE WEST PALMETTO FL 34221 PALMETTO FL 34221

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Jan 30 1998 8:00am Secretary of State

Yes Yes

⊠ No

Yes Yes

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

01/04/1996

65-0629904

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

1600 8	ER, SHIRLEY D AVE W	82 Street	Address (P.O. Box Number is Not Acceptable)		
	TO FL 34221	83			
		24 0			<u> </u>
-		84 City	F	85 Zip (Code
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					
		VOTE: Registered Agent signature			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD DELETE	1.1 TITLE		L Change	Addition
NAME	WHITAKER, SHIRLEY D	1.2 NAME			
STREET ADDRESS	1600 8 AVE WEST	1.3 STREET ADDRESS			
CîTY~ST-ZîP	PALMETTO FL	1.4 CITY - ST - ZIP			
TITLE	VD DELETE	2.1 TITLE		Change	Addition
NAME	Brown, Essie M	2.2 NAME			
STREET ADDRESS	1808 25TH AVE E	2.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34208	2. 4 CITY-ST-ZIP			
TITLE	D DELETE	3.1 TITLE		Change	Addition
NAME	MAYS, ELIZA	3.2 NAME			
STREET ADDRESS	2119 2 AVE WEST	3.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL	3.4. CITY - ST - ZIP			İ
TMLE	SD DELETE	4.1 TITLE		Change	☐ Addition
NAME	DIX, ALICE	4. 2 NAME			1
Street address	3223 3RD ST W APT #2	4.3 STREET ADDRESS			İ
CITY-ST-ZIP	BRADENTON FL 34205	4.4 CITY-ST-ZIP			
TITLE	TD DELETE	5.1 TITLE		Change	■ Addition
NAME	Fuller, ethel	5.2 NAME			
STREET ADDRESS	2308 19 ST EAST	5.3 STREET ADDRESS			1
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP			
TITLE	D Z DELETE	6.1 TITLE		Change	Addition
NAME	COLLINS, CHRIS	6.2 NAME			
STREET ADDRESS	3307 8 ST EAST	6.3 STREET ADDRESS			
CiTY-ST-ZiP	BRADENTON FL	6.4 CITY-ST-ZIP			
14. 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 incloated 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.					

Country

Name

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