## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 24, 1999 8:00 am § Secretary of State

03-24-1999 90097 050 \*\*\*\*61.25

## 1999 DOCUMENT # N9600000408

1. Corporation Name

EMMANUEL INDEPENDENT METHODIST CHURCH, INC.

Principal Place of Business

1600 8TH AVENUE WEST PALMETTO FL 34221 Mailing Address

1600 8TH AVENUE WEST PALMETTO FL 34221



		,	~ -		,
2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21 5400	126 St. West	26 3400 d 6	st. West	01/04/1996	· · · · · · · · · · · · · · · · · · ·
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22 E8	4	27 E 84		65-0629904	Not Applicable
City & State	Lenton, Fl	City & State  28 Bradento	n, Fl	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip //2 o //	Country	6. Election Campaign Financing	\$5.00 May Be
24 34d	01/ 25 manatee	<del></del>	o Manatee	Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81. Name 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
Whitaker, Shirley De					
· · · · · · · · · · · · · · · · · · ·				ess (P.O. Box Number is Not Acceptable)	C-4
1600 8 AVE W					
PALMETTO FL 34221					
			84 City BYO	(40	L 85 Zip Code 07
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 AND DILLATATED Shirley D. Whitaker 5-01-49					
10	Office of Printed Name of registered agent		Registered Agent signature required 13.	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO CIT ICENS	Change Addition
TITLE	PD CHIDLEY D	C DECETE	1.2 NAME	litakor, Shirley D.	
NAME STREET ADDRESS	WHITAKER, SHIRLEY D 1600 8 AVE WEST		1.3 STREET ADDRESS 3	400 26 St. Wast E	34
CITY-ST-ZIP	-PALMETTO FL		- 14 CITY-ST-ZIP Z	litaker, Shirley Dr 400 a6 st. West El ralenfon, F1. 348	707
TITLE	VD	<b>☑</b> DELETE	2.1 TITLE	0	☐ Change 🔀 Addition
NAME	BROWN, ESSIE M		22 NAME 5	ummers, Poncella	
STREET ADDRESS	1808 25TH AVE E		2.3 STREET ADDRESS 2	06 lathistiw,	1001
CITY-ST-ZIP	BRADENTON FL 34208	•	2.4 CITY-ST-ZIP	almetto, tl. 34	/22/
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	MAYS, ELIZA		3.2 NAME	anning, Lefreida	20011
STREET ADDRESS	2119 2 AVE WEST		3.3 STREET ADDRESS 5	400 -26 St. WEST,	24000
CITY-ST-ZIP	PALMETTO FL		3.4. CITY-ST-ZIP	radentoll, TI.	24a0/
TITLE	SD	. DELETE	4.1 TITLE	,	Change Addition
NAME	DIX, ALICE		4.2 NAME		
STREET ADDRESS	3223 3RD ST W APT #2		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		4.4 CITY-ST-ZIP		☐ Change
TITLE	TD	<b>⊠</b> DELETE	5.1 TITLE	OMSON, Tracy D. 203 3hd st/w. al	L d Addition
NAME	FULLER, ETHEL		5.2 NAME	chilosoff st/W. al	0 <b>4</b> /·
STREET ADDRESS	2308 19 ST EAST		5.3 STREET ADDRESS 3	radenton, F1. 3	4205
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP	radelitoii, 11,2	Change Addition
TITLE		☐ DELETE	100 mg	9	☐ cusuda 🔽 vocanoii
NAME 1			E	stralita Thompson	ļ
STREET ADDRESS			6.3 STREET ADDRESS	1011 312 TI 31122	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	milenton, Fla 34205	

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 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, with all other like empowered.

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Day United Printed Date Day United Printed Pr

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