

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000408

1. Entity Name

EMMANUEL WORSHIP CENTER, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90106 029 ****61.25

Principal Place of Business

5400 -26TH ST WEST
#E84
BADENTON FL 34207

Mailing Address

5400 -26TH ST WEST
#E84
BADENTON FL 34207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0629904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITAKER, SHIRLEY D
5400- 26TH ST. WEST
#E84
BRADENTON FL 34207

Name

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

City

FL

Zip Code

8. 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

Shirley D. Whitaker Shirley D. Whitaker

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

(NOTE: Registered Agent signature required when reinstating)

8-17-2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITAKER, SHIRLEY D	
STREET ADDRESS	3400- 26TH ST. W. #E84	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUMMER, PONCELLA	
STREET ADDRESS	706 12TH ST. W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANNING, LA FREDA	
STREET ADDRESS	3400- 26TH ST. W. #E84	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIX, ALICE	
STREET ADDRESS	3223 3RD ST W APT #2	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, TRACY D	
STREET ADDRESS	3223 3RD ST. W #1	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, ESTRALITA	
STREET ADDRESS	1211 3RD ST. W	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitaker, Shirley D.	
STREET ADDRESS	5400 26th St. W. #E84	
CITY-ST-ZIP	Bradenton, FL 34207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD. Alice F.	
STREET ADDRESS	5400 26th St. W. #F99	
CITY-ST-ZIP	Bradenton, FL 34207	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD. Johnson, Tracy D.	
STREET ADDRESS	5400 26th St. W. #6107	
CITY-ST-ZIP	Bradenton, FL 34207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley D. Whitaker Shirley D. Whitaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-2000

Date

941-727-5492

Daytime Phone #

CR2E037 (5/00)