


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90120 019 ****61.25

| | | | |
|---|---|---|---|
| DOCUMENT # N96000000408 | |  | |
| 1. Entity Name EMMANUEL WORSHIP CENTER, INC. | | | |
| 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 5607 Fisherman's Dr. Suite, Apt. #, etc. | | 3. Mailing Address 5607 Fisherman's Dr. Suite, Apt. #, etc. | |
| City & State Bradenton, Fl. | | City & State Bradenton, Fl. | |
| Zip 34209 | | Country manatee | |
| 4. FEI Number 65-0629904 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WHITAKER, SHIRLEY D 5400- 26TH ST. WEST #E84 BRADENTON, FL 34207 | | 7. Name and Address of New Registered Agent Name: Shirley D. Whitaker Street Address (P.O. Box Number is Not Acceptable): 5607 Fisherman's Drive City: Bradenton FL Zip Code: 34209 | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE: Shirley D. Whitaker | | Shirley D. Whitaker 8/31/04 | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WHITAKER, SHIRLEY D 5400 26TH ST W #E84 BRADENTON, FL 34207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Whitaker, Shirley D. 5607 Fisherman's Dr. Bradenton, Fl. 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SUMMER, PONCELLA 120 12TH ST CT E PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANNING, LA FREDA 5400 26TH ST W #E84 BRADENTON, FL 34207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Manning, La Freda 5400 26th St. W #E84 Bradenton, Fl. 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DIX, ALICE 5400 26TH ST W #F99 BRADENTON, FL 34207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Dix, Alice 5609 Fisherman's Dr. Bradenton, Fl. 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JOHNSON, TRACY D. 5400 26TH ST-W #C107 BRADENTON, FL 34207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Johnson, Tracy D. 5832 11th St. E Bradenton, Fl. 34203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD THOMPSON, ESTRALITA 1211 3RD ST. W BRADENTON, FL 34205 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Thompson, Estralita 5400 26th St. W #E84 Bradenton, Fl. 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 8/31/04 (941)761-1906 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |