


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90016 044 \*\*\*\*61.25

**DOCUMENT # N96000000408**

1. Entity Name  
**EMMANUEL WORSHIP CENTER, INC.**



Principal Place of Business  
**5607 FISHERMAN'S DR  
 BRADENTON, FL 34209**

Mailing Address  
**5607 FISHERMAN'S DR  
 BRADENTON, FL 34209**

**50064787**



2. Principal Place of Business  
**1087 Four Seasons Circle**  
 Suite, Apt. #, etc. **# 118**  
 City & State **Sarasota, FL**  
 Zip **34234** Country **Sarasota**

3. Mailing Address  
**1087 Four Seasons Circle**  
 Suite, Apt. #, etc. **# 118**  
 City & State **Sarasota, FL**  
 Zip **34234** Country **Sarasota**

08092005 Chg-NP CR2E037 (10/03)

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  
**WHITAKER, SHIRLEY D  
 5607 FISHERMAN'S DRIVE  
 BRADENTON, FL 34209**

7. Name and Address of New Registered Agent  
 Name **Whitaker, Shirley D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1087 Four Seasons Circle, # 118**  
 City **Sarasota** State **FL** Zip Code **34234**

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, P.O. Shirley D. Whitaker, P.O. **8/31/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 5607 FISHERMAN' DR BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Whitaker, Shirley D. 1087 Four seasons Circle, # 118 Sarasota, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANNING, LAFREDA 5400 26TH ST W #E84 BRADENTON, FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Manning, LAFreda 1087 Four seasons Circle, # 118 Sarasota, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIX, ALICE 5607 FISHERMAN' DR BRADENTON, FL 34209 <input 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	TD JOHNSON, TRACY D 3832 11TH ST E BRADENTON, FL 34203 <input 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	TD THOMPSON, ESTRALITA 5400 26TH ST W BRADENTON, FL 34209 <input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 **8/31-05** **941-355-3478**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #