


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90004 033 \*\*\*\*61.25

DOCUMENT # N96000000408			
1. Entity Name EMMANUEL WORSHIP CENTER, INC.			
Principal Place of Business 1087 FOUR SEASONS CIR #118 SARASOTA, FL 34234		Mailing Address 1087 FOUR SEASONS CIR #118 SARASOTA, FL 34234	
2. Principal Place of Business 2900 50th ave. W. Suite, Apt. #, etc. 14 City & State Bradenton, FL Zip 34207 Country Manatee		3. Mailing Address 2900 50th ave. W. Suite, Apt. #, etc. 14 City & State Bradenton, FL Zip 34207 Country Manatee	
08172006 Chg-NP		CR2E037 (4/06)	
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 1087 FOUR SEASONS CIR #118 SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name Whitaker, Shirley D. Street Address (P.O. Box Number is Not Acceptable) 2900 50th ave. W. Suite 14 City BRADENTON FL Zip Code 34207	
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 <u>Shirley D. Whitaker</u>		SIGNATURE <u>Shirley D. Whitaker</u> DATE <u>8-17-06</u>	
Filing Fee is \$81.25 Due by September 6, 2006		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 PD NAME WHITAKER, SHIRLEY D STREET ADDRESS 1087 FOUR SEASONS CIR CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Delete	TITLE PD NAME Whitaker, Shirley D STREET ADDRESS 2900 50th ave. W. # 14 CITY-ST-ZIP BRADENTON, FL. 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MANNING, LAFREDA STREET ADDRESS 1087 FOUR SEASONS CIR #118 CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Delete	TITLE VD NAME Manning, Lafreda STREET ADDRESS 2900 50th ave. W. # 14 CITY-ST-ZIP BRADENTON, FL. 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME DIX, ALICE STREET ADDRESS 5607 FISHERMAN DR CITY-ST-ZIP BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME JOHNSON, TRACY D STREET ADDRESS 3832 11TH ST E CITY-ST-ZIP BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME THOMPSON, ESTRALITA STREET ADDRESS 5400 26TH ST W CITY-ST-ZIP BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Shirley D. Whitaker</u>		SIGNATURE: <u>Shirley D. Whitaker</u> DATE <u>8-17-06</u> DAYTIME PHONE # <u>941-756-0412</u>	