



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			
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> Shirley D. Whitaker 8-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
TITLE	PD WHITAKER, SHIRLEY D <input type="checkbox"/> Delete STREET ADDRESS 1087 FOUR SEASONS CIR CITY-ST-ZIP SARASOTA, FL 34234	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	PO Whitaker, Shirley D		
STREET ADDRESS		STREET ADDRESS	2900 50th ave. W. # 14		
CITY-ST-ZIP		CITY-ST-ZIP	BRADENTON, FL. 34207		
TITLE	VD MANNING, LAFREDA <input type="checkbox"/> Delete STREET ADDRESS 1087 FOUR SEASONS CIR #118 CITY-ST-ZIP SARASOTA, FL 34234	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	Manning, Lafreda		
STREET ADDRESS		STREET ADDRESS	2900 50th ave. W. # 14		
CITY-ST-ZIP		CITY-ST-ZIP	BRADENTON, FL. 34207		
TITLE	SD DIX, ALICE <input type="checkbox"/> Delete STREET ADDRESS 5607 FISHERMAN DR CITY-ST-ZIP BRADENTON, FL 34209	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	TD JOHNSON, TRACY D <input type="checkbox"/> Delete STREET ADDRESS 3832 11TH ST E CITY-ST-ZIP BRADENTON, FL 34203	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	TD THOMPSON, ESTRALITA <input type="checkbox"/> Delete STREET ADDRESS 5400 26TH ST W CITY-ST-ZIP BRADENTON, FL 34209	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: Shirley D. Whitaker Shirley D Whitaker 8-17-06 941-756-0412 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					