

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State



DOCUMENT # N97000007124
1. Entity Name
EMMANUEL BAPTIST CHURCH OF BROOKSVILLE, INC.

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| Principal Place of Business 11231 PONCE DE LEON BROOKSVILLE FL 34601 | Mailing Address 11231 PONCE DE LEON BROOKSVILLE FL 34601 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. | 3. Mailing Address Suite, Apt #, etc. |
|--|--|

1st MOORE CR2E037 (10/06)

| | |
|---------------------|---------------------|
| City & State Zip | City & State Zip |
|---------------------|---------------------|

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|------------------------------------|--|
| 4. FEI Number 59-3483678 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

6. Name and Address of Current Registered Agent
**OSBORN, MORRIS E ESQ
5308 SPRING HILL DRIVE
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT MUNDELL, CHRIS E 917 HAMMOCK ROAD BROOKSVILLE FL 34601 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT MILLS, STEVEN R 3176 BATTEN ROAD BROOKSVILLE FL 34602 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MILLS, STEVEN R 3176 BATTEN ROAD BROOKSVILLE FL 34602 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TST SHAW, ROBERT 12279 STRINGER ROAD BROOKSVILLE FL 34601 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000656275 03/14/07-80019-004 61.25 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 I/kc empowered.

SIGNATURE: Chris Mundell CHRIS MUNDELL 2-22-07 352-759-0189