2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000637

FILED Mar 26, 2006 Secretary of State

Entity Name: EMANUEL APOSTOLIC CHURCH OF JESUS CHRIST MINISTRIES, INC.

Current Pi	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
5881 NW 1	16 PLACE				
128 SUNRISE,	FL 33313				
Current M	ailing Addres	ss:	New Mailing Addre	New Mailing Address:	
5881 NW 1	16 PLACE				
128 SUNRISE,	FL 33313				
El Number:	65-0925583	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
5881 NW 1 128 SUNRISE, The above n the State	FL 33313 US named entity : e of Florida.		urpose of changing its register	red office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			nt	 Date	
OFFICERS	S AND DIREC			GES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	DP () AARONS, DOR 5881 NW 16 PI SUNRISE, FL :	_ACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle: Name: Address: City-St-Zip:	COLLINS, DAT	TH ST APT. 223	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	DT () CARROLL, DIA 5881 NW 16 PI SUNRISE, FL :	_ACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () AARONS, RICH 9405 NW 42NE SUNRISE, FL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	COLLINS, SYD	H ST APT. 223	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DOROTHY AARONS	DP	03/26/2006
SIGNATURE:	DOROTHY AARONS	DP	03/26/2006