2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000637

FILED May 16, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 5881 NW 16 PLACE 8343 SW 44TH CT DAVIE, FL 33328 128 SUNRISE, FL 33313 **New Mailing Address: Current Mailing Address:** 8343 SW 44TH CT 5881 NW 16 PLACE DAVIE, FL 33328 128 SUNRISE, FL 33313 FEI Number: 65-0925583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AARONS, DOROTHY AARONS, DOROTHY 5881 NW 16 PLACE 8343 SW 44TH CT US DAVIE, FL 33328 SUNRISE, FL 33313 US 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. SIGNATURE: DOROTHY AARONS 05/16/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete AARONS, DOROTHY AARONS, DOROTHY Name: Name: 5881 NW 16 PLACE Address: 8343 SW 44TH CT Address: SUNRISE, FL 33313 City-St-Zip: City-St-Zip: **DAVIE. FL 33328** Title: DS () Delete Title: () Change () Addition COLLINS, DATILDA Name: Name: Address: 1810 N.W. 119TH ST. - APT. 223 Address: City-St-Zip: MIAMI, FL 33167 City-St-Zip: Title: () Delete Title: (X) Change () Addition CARROLL, DIAHANNE Name: CARROLL, DIAHANNE Name: Address: 5881 NW 16 PLACE Address: 8343 SW 44TH CT City-St-Zip: SUNRISE, FL 33313 City-St-Zip: DAVIE, FL 33328 Title: () Delete Title: (X) Change () Addition Name: AARONS, RICHARD Name: AARONS, RICHARD Address: 9405 NW 42ND STREET Address: 342 CALDBECK WAY City-St-Zip: SUNRISE, FL 33313 City-St-Zip: KISSIMMEE, FL 34758 Title: () Delete Title: () Change () Addition COLLINS, SYDNEY Name: Name: 1810 NW 119TH ST. - APT. 223 Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 05/16/2007