



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000000669						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="margin-bottom: 5px;">05 FEB -4 PM 2:20</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
1. Entity Name EMMANUEL HOLINESS CHURCH, INC.							
Principal Place of Business EMMANUEL HOLINESS CHURCH 3502 SANDRIDGE CHURCH ROAD GRANDRIDGE, FL 32442		Mailing Address 3240 SANDRIDGE CHURCH RD SNEADS, FL 32460					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HOWELL, EVA MAE 3240 SANDRIDGE CHURCH ROAD SNEADS, FL 32460				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$61.25 Due by May 1, 2005				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 NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete HOWELL, EVA PD 3240 SANDRIDGE CHURCH ROAD SNEADS, FL 32460			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em; font-weight: bold; text-align: center;">900046654869</div> <div style="text-align: center;">02/15/05--01052--006 **70.00</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete HOWELL, RAY C 3240 SANDRIDGE CHURCH ROAD SNEADS, FL 32460			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM <input type="checkbox"/> Delete HOWELL, RANDY C 3242 SANDRIDGE CHURCH ROAD SNEADS, FL 32460			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM <input type="checkbox"/> Delete BELL, JEFFREY 3201 SALEM CHURCH ROAD GRANDRIDGE, FL 32442			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM <input type="checkbox"/> Delete BURNS, NOAH 2268 BRUSHEY POND ROAD GRANDRIDGE, FL 32442			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM <input type="checkbox"/> Delete HAMILTON, JASON 5017A SPRUCE LN. MARIANNA, FL 32446			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 exemption stated in Section 119.07(3)(i), 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: <i>Eva Mae Howell</i>				Date: <i>2-4-05</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>			