

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

DOCUMENT # N99000000669

1. Entity Name

EMMANUEL HOLINESS CHURCH, INC.



FILED

07 FEB 13 PM 3:23

SECRETARY OF STATE



Principal Place of Business

EMANUEL HOLINESS CHURCH
3502 SANDRIDGE CHURCH ROAD
GRANDRIDGE FL 32442

Mailing Address

3240 SANDRIDGE CHURCH RD
SNEADS FL 32460

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3542160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

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

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.

400089291564

02/27/07--01006--003 **61.25

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: DP ☐ Delete
NAME: HOWELL, EVA PD
STREET ADDRESS: 3240 SANDRIDGE CHURCH ROAD
CITY-STATE-ZIP: SNEADS FL 32460

TITLE: DT ☐ Delete
NAME: HOWELL, RAY C
STREET ADDRESS: 3240 SANDRIDGE CHURCH ROAD
CITY-STATE-ZIP: SNEADS FL 32460

TITLE: DBM ☐ Delete
NAME: HOWELL, RANDY C
STREET ADDRESS: 3242 SANDRIDGE CHURCH ROAD
CITY-STATE-ZIP: SNEADS FL 32460

TITLE: DBM ☐ Delete
NAME: BELL, JEFFREY
STREET ADDRESS: 3201 SALEM CHURCH ROAD
CITY-STATE-ZIP: GRANDRIDGE FL 32442

TITLE: DBM ☐ Delete
NAME: BURNS, NOAH
STREET ADDRESS: 2268 BRUSHEY POND ROAD
CITY-STATE-ZIP: GRANDRIDGE FL 32442

TITLE: DBM ☐ Delete
NAME: HAMILTON, JASON
STREET ADDRESS: 5017A SPRUCE LN.
CITY-STATE-ZIP: MARIANNA FL 32446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ 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 like empowered.

SIGNATURE:

Rw. Eva Howell

2-12-07

850-593-5167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #