2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# N99000000669

Entity Name: EMMANUEL HOLINESS CHURCH, INC.

Current Principal Place of Business:

EMANUEL HOLINESS CHURCH
3502 SANDRIDGE CHURCH ROAD
GRANDRIDGE, FL 32442

New Principal Place of Business:

Current Mailing Address:

3240 SANDRIDGE CHURCH RD
SNEADS, FL 32460

New Mailing Address:

FEI Number: 59-3542160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWELL, EVA MAE
3240 SANDRIDGE CHURCH ROAD
SNEADS, FL 32460 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	HOWELL, EVA PD	
Address:	3240 SANDRIDGE CHURCH ROAD	
City-St-Zip:	SNEADS, FL 32460	
Title:	DT	( ) Delete
Name:	HOWELL, RAY C	
Address:	3240 SANDRIDGE CHURCH ROAD	
City-St-Zip:	SNEADS, FL 32460	
Title:	DBM	( ) Delete
Name:	HOWELL, RANDY C	
Address:	3242 SANDRIDGE CHURCH ROAD	
City-St-Zip:	SNEADS, FL 32460	
Title:	DBM	( ) Delete
Name:	BELL, JEFFREY	
Address:	3201 SALEM CHURCH ROAD	
City-St-Zip:	GRANDRIDGE, FL 32442	
Title:	DBM	( ) Delete
Name:	BURNS, NOAH	
Address:	2268 BRUSHEY POND ROAD	
City-St-Zip:	GRANDRIDGE, FL 32442	
Title:	DBM	(X) Delete
Name:	HAMILTON, JASON	
Address:	5017A SPRUCE LN.	
City-St-Zip:	MARIANNA, FL 32446	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DBM	(X) Change ( ) Addition
Name:	HAMILTON, JASON	
Address:	5017A SPRUCE LANE	
City-St-Zip:	MARIANNA, FL 32446	
Title:	DBM	(X) Change ( ) Addition
Name:	HOWARD, FRANCES	
Address:	6524 BLUE SPRINGS ROAD	
City-St-Zip:	GREENWOOD, FL 32443	
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: EVA HOWELL PD 02/08/2008

Electronic Signature of Signing Officer or Director — Date