

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702951

**Entity Name:** IMMANUEL BAPTIST CHURCH OF PACE, FLORIDA, INC.**Current Principal Place of Business:**4187 HWY 90  
PACE, FL 32571**Current Mailing Address:**4187 HWY 90  
PACE, FL 32571 US**FEI Number:** 59-2051629**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VECHERY, JAMES CALVIN  
4187 HWY 90  
PACE, FL 32571 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:** JAMES VECHERY

01/31/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOLLEY, JEREMY  
Address        4187 HWY 90  
City-State-Zip: PACE FL 32571

Title            TREASURER, TRUSTEE  
Name            THOMAS, DAVID  
Address        4187 HWY 90  
City-State-Zip: PACE FL 32571

Title            T, TRUSTEE  
Name            MILLER, DOUG  
Address        4187 HWY 90  
City-State-Zip: PACE FL 32571

Title            TRUSTEE  
Name            JOHNSON, DAVID  
Address        4187 HWY 90  
City-State-Zip: PACE FL 32571

Title            DIRECTOR  
Name            VECHERY, JAMES CALVIN  
Address        4187 HWY 90  
City-State-Zip: PACE FL 32571

Title            TRUSTEE  
Name            COOK, DAVID  
Address        4187 HWY 90  
City-State-Zip: PACE FL 32571

Title            TRUSTEE  
Name            OTIS, BEN  
Address        4187 HWY 90  
City-State-Zip: PACE FL 32571

Title            TRUSTEE  
Name            HARRELL, JOEY  
Address        4187 HWY 90  
City-State-Zip: PACE FL 32571

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES VECHERY**EXECUTIVE DIRECTOR**

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TRUSTEE	Title	TRUSTEE
Name	WYROSDICK, TIM	Name	PEADEN, PAUL
Address	4187 HWY 90	Address	4187 HWY 90
City-State-Zip:	PACE FL 32571	City-State-Zip:	PACE FL 32571
Title	TRUSTEE		
Name	CUMBERLAND, RANDY		
Address	4187 HWY 90		
City-State-Zip:	PACE FL 32571		