

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

DOCUMENT# N09000010489

**Entity Name:** EMMANUEL (FC) CHURCH MINISTRY, INC.

**Current Principal Place of Business:**

5466 COLLINS CHAPEL ROAD  
MALONE, FL 32445

**Current Mailing Address:**

5466 COLLINS CHAPEL ROAD  
MALONE, FL 32445

**FEI Number:** 27-1202409

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SMITH, VIRGINIA M  
5458 COLLINS CHAPLE ROAD  
MALONE, FL 32445 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            DIRECTOR  
Name            ANDREWS, ELDIEST  
Address        3338 VALLEY OAKS DR.  
City-State-Zip: MARIANNA FL 32446

Title            VP  
Name            IVEY, BRUCE  
Address        138 GENE WILLIAMS RAOD  
City-State-Zip: QUINCY FL 32351

Title            SECRETARY  
Name            IVEY, UGREENAL  
Address        138 GENE WILLIAMS ROAD  
City-State-Zip: QUINCY FL 32351

Title            PRESIDENT  
Name            SMITH, VIRGINIA M  
Address        5458 COLLINS CHAPLE ROAD  
City-State-Zip: MALONE FL 32445

Title            SECRETARY  
Name            BLAIR, LATONIA  
Address        P. O. BOX 1162  
City-State-Zip: DOTHAN AL 36302

Title            OFFICER  
Name            BRONSON, ARLEATHA  
Address        426 CIRCLE DR.  
City-State-Zip: QUINCY FL 32351

*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:** BRUCE IVEY

VP

02/04/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date