Current Mai	ling Address:		
P.O. BOX 13 FT. PIERCE,	26 FL 34954 US		
FEI Number	Certificate of Sta		
Name and A	ddress of Current Registered	Agent:	
6946 NW DAFF	LD DEACON CHAIRMAN ODIL LANE JCIE, FL 34983 US		
The above named	l entity submits this statement for the purpose	of changing its registered office or regis	stered agent, or both, in the
SIGNATURE	RONALD NOBLE		
	Electronic Signature of Registered A	gent	
Officer/Dired	ctor Detail :		
Title	VICE DEACON CHAIRMAN	Title	SECRETARY
Name	KNIGHT, ISAAC	Name	KNIGHT, LILLIE
Address	1606 N 18TH STREET	Address	1606 NORTH 18TH \$
City-State-Zip:	FORT PIERCE FL 34953	City-State-Zip:	FT. PIERCE FL 349

### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N93000004482

Entity Name: IMMANUEL FULL GOSPEL BAPTIST CHURCH INC.

### **Current Principal Place of Business:**

1200 N MLK BLVD FT. PIERCE, FL 34950

## Current Mailing Address:

he State of Florida.

	SIGNATURE	RONALD NOBLE			04/05/2019	
		Electronic Signature of Registered Agent			Date	
Officer/Director Detail :						
	Title	VICE DEACON CHAIRMAN	Title	SECRETARY		
	Name	KNIGHT, ISAAC	Name	KNIGHT, LILLIE		
	Address	1606 N 18TH STREET	Address	1606 NORTH 18TH STREET		
	City-State-Zip:	FORT PIERCE FL 34953	City-State-Zip:	FT. PIERCE FL 34950		
	Title	ASST. TREASURER	Title	DEACON CHAIRMAN		
	Name	BOSTON, WILLIE	Name	NOBLE, RONALD		
	Address	2804 KINGSLEY ST	Address	6946 NW DAFFODIL LANE		
	City-State-Zip:	FT PIERCE FL 34946	City-State-Zip:	PSL FL 34983		
	Title	FINANCIAL SECRETARY	Title	TREASURER		
	Name	CLARK, PORTIA	Name	NOBLE, DEBORAH		
	Address	1761 SE SANDIA DRIVE	Address	6946 NW DAFFODIL LANE		
	City-State-Zip:	PORT SAINT LUCIE FL 34983	City-State-Zip:	PORT SAINT LUCIE FL 34983		
	Title	ASST. FINANCIAL SECRETARY				
	Name	DENNIS, CYNTHIA				
	Address	2325 N. 53RD STREET				
	City-State-Zip:	FORT PIERCE FL 34946				

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: PORTIA CLARK

04/05/2019 FINANCIAL SECRETARY

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 05, 2019 Secretary of State 1565521188CC

tatus Desired: Yes