

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40693

Entity Name: EMMANUEL MINISTRIES INTERNATIONAL CHURCH, INC.**Current Principal Place of Business:**504 SOUTH 33RD STREET
FORT PIERCE, FL 34947**Current Mailing Address:**1391 NW ST. LUCIE W BLVD.
UNIT 122
PORT ST. LUCIE, FL 34986 US**FEI Number:** 65-0295620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLDEN, SCOTT E.
3107 STIRLING ROAD, SUITE 201
FORT LAUDERDALE, FL 33312 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	PRESIDENT, TREASURER, DIRECTOR
Name	CLEMETSON, DAVID
Address	1391 NW ST. LUCIE W BLVD. UNIT 122
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIRECTOR
Name	VALENTYN, VINCENT
Address	1391 NW ST. LUCIE W BLVD. UNIT 122
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIRECTOR
Name	FARAG, CAROLYN
Address	1391 NW ST. LUCIE W BLVD. UNIT 122
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIRECTOR
Name	VARGAS, EDUARDO
Address	1391 NW ST. LUCIE W BLVD. UNIT 122
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIRECTOR
Name	COOPER, DAVID
Address	1391 NW ST. LUCIE W BLVD. UNIT 122
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	SECRETARY, DIRECTOR
Name	BONEY, REJOICE
Address	1391 NW ST. LUCIE W BLVD. UNIT 122
City-State-Zip:	PORT ST. LUCIE FL 34986

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: DAVID CLEMETSON**PRESIDENT****06/19/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date