2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N03000005362

Entity Name: EMMANUEL MINISTRIES INC.

Current Principal Place of Business:

12937 CANDLEWOOD DRIVE
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2545
DADE CITY, FL 33526 US

New Mailing Address:

FEI Number: 06-1699569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NYSTROM, MARCIA
11546 MEADOWLANE DR.
DADE CITY, FL 33525 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: P ( ) Delete
Name: NYSTROM, MARCIA
Address: 11546 MEADOWLANE DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: VP ( ) Delete
Name: MARCUM, GERALD
Address: 36442 LAUREL LANE
City-St-Zip: DADE CITY, FL 33525 US

Title: OFC ( ) Delete
Name: NYSTROM, JOSEPH DR
Address: 11546 MEADOWLANE DR
City-St-Zip: DADE CITY, FL 33525 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: OFC ( ) Change (X) Addition
Name: AMMONS, TRACEY
Address: 11311 PELL CT
City-St-Zip: DADE CITY, FL 33525

Title: OFC ( ) Change (X) Addition
Name: PITTMAN-FUNCHE, ALICE
Address: 13918 WILSON ST
City-St-Zip: DADE CITY, FL 33525

Title: OFC ( ) Change (X) Addition
Name: WOODARD, DONNA J
Address: 5606 17TH ST
City-St-Zip: ZEPHYRHILLS, FL 33540

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: MARCIA NYSTROM P 03/08/2009

Electronic Signature of Signing Officer or Director — Date