

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 07, 2009  
Secretary of State**

DOCUMENT# N07000011513

Entity Name: IMMANUEL TABERNALCE OF FAITH, INC.

**Current Principal Place of Business:**

144 AVENUE E  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

144 AVENUE E  
PORT SAINT JOE, FL 32456

**New Mailing Address:**

FEI Number: 26-1481874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LEWIS, STPEHANIE  
144 AVENUE E  
PORT SAINT JOE, FL 32456      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: DEAC      ( ) Delete  
Name: WILLIAMS, CARBERT M TRUSTEE  
Address: P.O. BOX 354  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D      ( ) Delete  
Name: LEWIS, ADRIAN K MINISTE  
Address: 144 AVENUE E  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D      ( ) Delete  
Name: LEWIS, STEPHANIE EVANGEL  
Address: 144 AVENUE E  
City-St-Zip: PORT SAINT JOE, FL 32456

**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:

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: CARBERT M. WILLIAMS

DEAC

05/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date