

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011513

FILED  
May 02, 2010  
Secretary of State

**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 ( )**  
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, STEPHANIE  
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  
**Name:** WILLIAMS, CARBERT M TRUSTEE  
**Address:** P.O. BOX 354  
**City-St-Zip:** WEWAHITCHKA, FL 32465

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

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

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: STEPHANIE LEWIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

EVAN

05/02/2010

\_\_\_\_\_  
Date