

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011513

FILED  
Mar 26, 2011  
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 ( )

**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  
Name: WILLIAMS, CARBERT M TRUSTEE  
Address: 538 WILLIAMSBURG ROAD  
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

Title: S  
Name: WILLIAMS, VALENE S  
Address: 538 WILLIAMSBURG ROAD  
City-St-Zip: WEWAHITCHKA, FL 32465

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

D

03/26/2011

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

\_\_\_\_\_  
Date