


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 19 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003931 (3)**  
 1. Corporation Name  
**IMMANUEL FELLOWSHIP MINISTRY, INC.**



Principal Place of Business <b>13415 BEECHBERRY DR RIVERVIEW FL 33569 US</b>	Mailing Address <b>13415 BEECHBERRY DR RIVERVIEW FL 33659 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/30/1993</b>		3a. Date of Last Report <b>06/13/1996</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3196277</b>		Applied For Not Applicable	
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

REIBER, SAM I  
 601 E. TWIGGS ST.  
 SUITE 200  
 TAMPA FL 33602

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP COX SR, JOSEPH L 13415 BEECHBERRY DR RIVERVIEW FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP HOOVER, GLEN 1812 ADREAN PL SUN CITY CENTER FL	2.1 TITLE	DVP
NAME		2.2 NAME	Joseph L. Cox, Jr.
STREET ADDRESS		2.3 STREET ADDRESS	RT 18 Box 731-40 N/A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lake City, FL. 32026
TITLE	DS RECUZERO, TONY 1802 ORACLE DR RUSKIN FL	3.1 TITLE	DS
NAME		3.2 NAME	Tony Recupero
STREET ADDRESS		3.3 STREET ADDRESS	201 Seawic Hwy
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HAINES City, FL. 33844
TITLE	DT SHIPMAN, JOHNNYS 803 6TH AVE SW RUSKIN FL	4.1 TITLE	DT
NAME		4.2 NAME	Iris J. Cox
STREET ADDRESS		4.3 STREET ADDRESS	13415 Beechberry Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Riverview, FL. 33569
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CFR2E037 (4/97)