

FILE NOW: FILING FEE IS \$61.25

94-98

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 26 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA3000005108

Immanuel Fellowship, Inc.

W98-770

REINSTATEMENT 94-98

2. Principal Place of Business		2a. Mailing Address	
21	220 Government Street	26	220 Government Street
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite # 4	27	Suite # 4
City & State		City & State	
23	Niceville, FL	28	Niceville, FL
Zip	Country	Zip	Country
24	32578 USA	29	32578 USA

3. Date Incorporated or Qualified	
November 8, 1993	
4. FEI Number	Applied For
59-3219369	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	William P. McKelvey
82	Street Address (P.O. Box Number is Not Acceptable)	
83		1549 Cedar Street
84	City	Niceville
85	Zip Code	FL 32578

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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: William P. McKelvey (Signature) (Date)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	William P. McKelvey	
STREET ADDRESS	1549 Cedar Street	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	Secretary/D	<input type="checkbox"/> DELETE
NAME	Pat Lowrey	
STREET ADDRESS	616 29th Street	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Sandra M. McKelvey	
STREET ADDRESS	1549 Cedar Street	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Annette Lowrey	
STREET ADDRESS	616 29th Street	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100002544341
1.4 CITY-ST-ZIP	-06/02/98--01063--002
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	***481.25 ***481.25
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: William P. McKelvey (Signature) (Date) 5-20-98 850-678-0675

CR2E037 (10/97)