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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005108

1. Corporation Name
IMMANUEL FELLOWSHIP, INC.

Principal Place of Business: 220 GOVERNMENT STREET SUITE 4 NICEVILLE FL 32578
Mailing Address: 220 GOVERNMENT STREET SUITE 4 NICEVILLE FL 32578



2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including 1106 Phyllis Ave, Niceville, FL 32578, USA. 3. Date Incorporated or Qualified: 11/08/1993. 4. FEI Number: 59-3219369. 5. Certificate of Status Desired: \$8.75 Additional Fee Required. 6. Election Campaign Financing: \$5.00 May Be Added to Fees.

9. Name and Address of Current Registered Agent: MCKELVEY, WILLIAM P, 1549 CEDAR STREET, NICEVILLE FL 32578. 10. Name and Address of New Registered Agent: 81 Name: McKelvey, William P., 82 Street Address, 83 1106 Phyllis Ave, 84 City: Niceville, FL, 85 Zip Code: 32578.

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE: [Signature] DATE: 5/7/99

Table with 2 main sections: 12. OFFICERS AND DIRECTORS (listing MCKELVEY, WILLIAM P, LAUERY, PAT, MCKELVEY, SONYA M, LAUERY, ANNETTE) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (listing 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, etc.).

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 5/7/99 DAYTIME PHONE #: 850-678-0675

CR2E037 (11/98)