1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300005108

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

FILED May 08, 1999 8:00 am § Secretary of State

05-08-1999 90084 034 ****61.25



2. Principal Pl	ace of Business	2a. Mailing Address	. 1 -	3. Date incorporated or Qualifed		
21 //06	Phyllis Ave	26 1106 Phy 11	is Ave	11/08/1993		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	+ + ' '	lied For
22		27		59-3219369		Applicable
City & State	ulle, FL	City & State 28 Niceville . F	-7_	5. Certificate of Status Desired	\$8.75 Ac	-
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 N	•
24 325	78 25 USA	29 52578 30	USA	Trust Fund Contribution	Added to	Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
			81 Name	McKelvey, William P.		
MCKELVE	Y, WILLIAM P		82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	AR STREET					
	FL 32578		83 ///)/	e Phyllis Ave		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84 City (. 85 Zip C	ode.
			Nic	eville, FL F	L 325	578
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 an agent the options of, Section 617.0503, Florida Statutes.						
11111 1 MC/1 11111 11111 1111 1111 1111						
SIGNATURE	Signature, typed or printed name of registerer agent	and title if applicable. (NOTE: Re	gistered Agent signature require			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE		Change	Addition
NAME	MCKELVEY, WILLIAM P		1.2 NAME			
STREET ADDRESS	1549 CEDAR STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	LAUERY, PAT		2.2 NAMË			
STREET ADDRESS	616 29TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL 32578		2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	MCKELVEY, SONYA M		3.2 NAME			ļ
STREET ADDRESS	1549 CEDAR STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL 32578		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4,1 TITLE		☐ Change	☐ Addition
NAME	LAUERY, ANNETTE		4. 2 NAME			
STREET ADDRESS	616 29TH STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL 32578		4.4 CITY-ST-ZIP			_ -
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			_
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY OF TIP			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, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE: