

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-20-2000 90107 044 ****61.25

DOCUMENT # N93000005108

1. Entity Name

IMMANUEL FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

1106 PHYLLIS AVENUE
 NICEVILLE FL 32578
 US

1106 PHYLLIS AVENUE
 NICEVILLE FL 32578-3251
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3219369

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKELVEY, WILLIAM P
1106 PHYLLIS AVENUE
NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **MCKELVEY, WILLIAM P D**
 STREET ADDRESS **1549 CEDAR STREET**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **SD** Change Addition
 NAME **Jim Britt**
 STREET ADDRESS **7302D Loblolly Bay Trail**
 CITY-ST-ZIP **BRADENON, FL 34202**

TITLE **SD** Delete
 NAME **LAUERY, PAT**
 STREET ADDRESS **616 29TH STREET**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** Change Addition
 NAME **Danny Jones**
 STREET ADDRESS **4145 TRAIL TREE DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** Delete
 NAME **MCKELVEY, SONYA M**
 STREET ADDRESS **1549 CEDAR STREET**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LAUERY, ANNETTE**
 STREET ADDRESS **616 29TH STREET**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William P. McKelvey **WILLIAM P. MCKELVEY**

4/13/00

850-678-0675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #