

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000005108

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

**Entity Name:** IMMANUEL FELLOWSHIP, INC.

## Current Principal Place of Business:

339 RUCKEL DRIVE  
NICEVILLE, FL 32578 US

## New Principal Place of Business:

111 BAILEY DRIVE, SUITE 2  
NICEVILLE, FL 32578 US

## Current Mailing Address:

339 RUCKEL DRIVE  
NICEVILLE, FL 32578 US

## New Mailing Address:

111 BAILEY DRIVE, SUITE 2  
NICEVILLE, FL 32578 US

**FEI Number:** 59-3219369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MCKELVEY, WILLIAM P  
339 RUCKEL DRIVE  
NICEVILLE, FL 32578 US

## Name and Address of New Registered Agent:

DAY, NORMAN S  
1038 ROCKY BAYOU DRIVE  
NICEVILLE, FL 32578 US

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: NORMAN S, DAY

10/11/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCKELVEY, WILLIAM P  
Address: 339 RUCKEL DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete  
Name: BRITT, JIM  
Address: 73020 LOBLOLLY BAY TR  
City-St-Zip: BRADENTON, FL 34202

Title: D ( ) Delete  
Name: JONES, DANNY  
Address: 4145 TALL TREE DR  
City-St-Zip: ORLANDO, FL 32810

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DAY, NORMAN S  
Address: 1038 ROCKY BAYOU DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: SD (X) Change ( ) Addition  
Name: TRAUGOTT, DAVID  
Address: 1805 RATTAN PALM DRIVE  
City-St-Zip: NICEVILL, FL 32578

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN S. DAY

PD

10/11/2005

Electronic Signature of Signing Officer or Director

Date