

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000005108

FILED
Jan 09, 2003
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:

Current Mailing Address:

339 RUCKEL DRIVE
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3219369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

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: WILLIAM P. MCKELVEY

PD

01/09/2003

Electronic Signature of Signing Officer or Director

Date