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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005311 (5)

1. Corporation Name

EMMANUEL MINISTRIES, INC.

Principal Place of Business

360L THREE LAKES LANE  
VENICE FL 34292

Mailing Address

P.O. BOX 6161  
VENICE FL 34292



3. Date Incorporated or Qualified  
10/24/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VARNAORE, DONALD G  
360L THREE LAKES LANE  
VENICE FL 34292

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME VARNADORE, DONALD G  
STREET ADDRESS 3601 THREE LAKES LANE  
CITY-ST-ZIP VENICE FL 34292

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME SUMP, MARJORIE E  
STREET ADDRESS 900 S TAMiami TRAIL #606  
CITY-ST-ZIP VENICE FL 34285

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DS  
NAME SHNER, JAMES E  
STREET ADDRESS 3603 CLEVELAND STREET  
CITY-ST-ZIP TAMPA FL 33609

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME BOLES, RICHARD CPA  
STREET ADDRESS 1224 RIDGEWOOD AVE  
CITY-ST-ZIP VENICE FL 34292

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD  
NAME VARNADORE, SHARON A  
STREET ADDRESS 3602 THE LAKES LANE  
CITY-ST-ZIP VENICE FL 34292

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MULLEN, DAVID PHD  
STREET ADDRESS 6704 36TH AVE EAST  
CITY-ST-ZIP BRADENTON FL 34208

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director  
DONALD G VARNADORE

3-8-96

9411 442-5261

CR2E037 (12/95)