

**FILE NOW: FILING FEE IS \$61.25**

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		4. FEI Number <b>APPLIED FOR 58-2182188</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24		25					
		29					
		30					

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARNAORE, DONALD G</b>	1.2 NAME	
STREET ADDRESS	<b>3601 THREE LAKES LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUMP, MARJORIE E</b>	2.2 NAME	
STREET ADDRESS	<b>900 S TAMIAMI TRAIL #606</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHNER, JAMES E</b>	3.2 NAME	
STREET ADDRESS	<b>3603 CLEVELAND STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLES, RICHARD CPA</b>	4.2 NAME	
STREET ADDRESS	<b>1224 RIDGEWOOD AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARNAORE, SHARON A</b>	5.2 NAME	
STREET ADDRESS	<b>3602 THE LAKES LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLEN, DAVID PHD</b>	6.2 NAME	
STREET ADDRESS	<b>6704 36TH AVE EAST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34208</b>	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: *Donald G Varnadore* **DONALD G VARNAORE**

3-8-96

941 442-5261

CR2E037 (12/95)