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Feb 15, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-15-1999 90040 026 *****61.25

DOCUMENT # N94000005311

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

10/24/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

58-2182188

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 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 DELETE

NAME VARNADORE, DONALD G
STREET ADDRESS 360 L THREE LAKES LN
CITY-ST-ZIP VENICE FL

1.1 TITLE Change Addition

TITLE DS DELETE

NAME STINER, JAMES E
STREET ADDRESS 3603 CLEVELAND STREET
CITY-ST-ZIP TAMPA FL

2.1 TITLE Change Addition

TITLE TD DELETE

NAME VARNADORE, SHARON A
STREET ADDRESS 360 L THREE LAKES LN
CITY-ST-ZIP VENICE FL

3.1 TITLE Change Addition

TITLE D DELETE

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

4.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Donald G. Varnadore
SIGNATURE REQUIRED

1-22-99

941-492-9261

CR2E037 (11/98)