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**FILED**  
**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

**VARNAORE, 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 **VARNAORE, 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 **VARNAORE, 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:

**VARNAORE, DONALD G**  
**SIGNATURE REQUIRED**

1-22-99

941-492-9261

CR2E037 (11/98)