

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005311

1. Entity Name

EMMANUEL MINISTRIES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90019 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

360L THREE LAKES LANE  
VENICE FL 34292

P.O. BOX 6161  
VENICE FL 34292-3749

2. Principal Place of Business

3. Mailing Address

360L Three Lakes Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Venice FL

4. FEI Number

58-2182188

Applied For

Not Applicable

Zip

Country

Zip

Country

34292

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME STINER, JAMES E  
STREET ADDRESS 3603 CLEVELAND STREET  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME STINER, JAMES E  
STREET ADDRESS 1809 GULF BOULEVARD Unit C1  
CITY-ST-ZIP Indian Rocks Beach, FL 33785

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16-2000 941  
492-9261

Date

Daytime Phone #