

# 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	<input type="checkbox"/> Delete
NAME	VARNADORE, DONALD G	
STREET ADDRESS	360 L THREE LAKES LN	
CITY-ST-ZIP	VENICE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STINER, JAMES E	
STREET ADDRESS	3603 CLEVELAND STREET	<i>ADDRESS CHANGE</i>
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VARNADORE, SHARON A	
STREET ADDRESS	360 L THREE LAKES LN	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLEN, DAVID PHD	
STREET ADDRESS	6704 36TH AVE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Stiner, James E</i>	
STREET ADDRESS	<i>1809 Gulf Boulevard Unit C1</i>	
CITY-ST-ZIP	<i>Indian Rocks Beach, FL 33785</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 title empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 6-2000* **941**  
*492-9261*

Date

Daytime Phone #