

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90212 027 ****61.25

DOCUMENT # N96000002867

1. Entity Name

EMMANUEL APOSTOLIC MINISTRIES, INC.



Principal Place of Business

971 SW 71ST AVE
NORTH LAUDERDALE FL 33068

Mailing Address

PO BOX 938706
MARGATE FL 33093-8706



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
65-0670398

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, LEARY M
276 SW EGRET LANDING
PORT SAINT LUCIE FL 34953

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEWIS, LEARY M
STREET ADDRESS 276 EGRET LANDING
CITY-ST-ZIP PORT SAINT LUCIE FL 34953 ☐ Delete

TITLE DS
NAME LEWIS, CORA R
STREET ADDRESS 276 EGRET LANDING
CITY-ST-ZIP PORT SAINT LUCIE FL 34953 ☐ Delete

TITLE PD
NAME ANDERSON, JAMES
STREET ADDRESS 276 SW EGRET LANDING
CITY-ST-ZIP PORT SAINT LUCIE FL 34953 ☐ Delete

TITLE D
NAME HAYLE, LINNETTE A
STREET ADDRESS 2300 SW CAMEO BLVD
CITY-ST-ZIP PORT SAINT LUCIE FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE D
NAME Anderson, James
STREET ADDRESS 340 Kathy Lane
CITY-ST-ZIP MARGATE FL 33068 ☒ Change ☐ Addition

TITLE DT
NAME Hayle, Linnette
STREET ADDRESS 2300 CAMEO BLVD
CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☒ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 or without other like empowered.

SIGNATURE: LEARY M. LEWIS

[Signature]

4/30/08

#772224-1519