2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002867

Entity Name: EMMANUEL APOSTOLIC MINISTRIES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
971 SW 71ST AVE NORTH LAUDERDALE, FL 33068				
Current Mailing Address:			New Mailing Address:	
PO BOX 938706 MARGATE, FL 330938706				
FEI Number: 65-0670398 FEI Number Applied For () FEI Num			mber Not Appl	icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
LEWIS, LEARY M 276 SW EGRET LANDING PORT SAINT LUCIE, FL 34953 US				
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:				
	Electronic	Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DO LEWIS, LEARY M 276 EGRET LAND PORT SAINT LUC	ING	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition LEWIS, LEARY M 276 SW EGRET LANDING PORT SAINT LUCIE, FL 34953
Title: Name: Address: City-St-Zip:	DS () DO LEWIS, CORA R 276 EGRET LAND PORT SAINT LUC	ING	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition LEWIS, CORA R 276 SW EGRET LANDING PORT SAINT LUCIE, FL 34953
Title: Name: Address: City-St-Zip:	PD () DO ANDERSON, JAM 340 KATHY LANE MARGATE, FL 33	ES	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ANDERSON, JAMES 340 KATHY LANE MARGATE, FL 33068
Title: Name: Address: City-St-Zip:	DT () DO HAYLE, LINNETTE 2300 CAMEO BLV PORT SAINT LUC	: 'D	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HAYLE, LINNETTE 2300 CAMEO BLVD PORT SAINT LUCIE, FL 34953
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	DST () Change (X) Addition TAYLOR, MYRA 620 SW 28TH WAY FT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LEARY M LEWIS PD 04/22/2009

() Delete

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

BERTRAM, MURDILLA

6614 OAKMOUNT N LAUDERDALE, FL 33068