

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000006153 (7)

1. Corporation Name

EMMANUEL CHRISTIAN MINISTRIES, INC.

Principal Place of Business

Mailing Address

C/O GLADYS RODRIGUEZ  
6345 W 27TH LANE BLDG 14, SUITE 108  
HIALEAH FL 33016

C/O GLADYS RODRIGUEZ  
6345 W 27TH LANE BLDG 14, SUITE 108  
HIALEAH FL 33016



3. Date Incorporated or Qualified

10/31/1997

4. FEI Number

58-235-4204

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Rev. Jose Luis Rodriguez

26. Rev. Jose Luis Rodriguez

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 67 Memorial Acres

27. 67 Memorial Acres

City & State

City & State

23. Sunbury, PA

28. Sunbury, PA

Zip

Zip

24. 17801

29. 17801

Country

Country

25. USA

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, GLADYS  
6345 W 27TH LANE BLDG 14, SUITE 108  
HIALEAH FL 33016

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  
NAME RODRIGUEZ, JOSE LUIS  
STREET ADDRESS 67 MEMORIAL ACRES  
CITY-ST-ZIP SUNBURY PA 17801

TITLE VD  
NAME RODRIGUEZ, WALESKA  
STREET ADDRESS 67 MEMORIAL ACRES  
CITY-ST-ZIP SUNBURY PA 17801

TITLE TSD  
NAME RODRIGUEZ, GLADYS  
STREET ADDRESS 6345 W 27TH LANE BLDG 14, SUITE 108  
CITY-ST-ZIP HIALEAH FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Rev. Jose Luis Rodriguez

1-22-98

(717) 286-4287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)