FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 ... 11:54
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064166 (9)**

1. Corporation Name

EMMANUEL PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
360L THREE LAKES LANE VENICE FL 34292	POST OFFICE BOX 6161 VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1994	3a. Date of Last Report: N/A
4. FEI Number: 65-0532726	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VARNADORE, DONALD G 360L THREE LAKES LANE VENICE FL 34292	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	VARNADORE, SHARON	1.2 NAME	VARNADORE, SHARON	
STREET ADDRESS	360L THREE LAKES LANE	1.3 STREET ADDRESS	360L THREE LAKES LANE	
CITY-ST-ZIP	VENICE FL 34292	1.4 CITY-ST-ZIP	VENICE FL 34292	
TITLE	PSD	2.1 TITLE	TSD	☒ Change ☐ Addition
NAME	VARNADORE, DONALD	2.2 NAME	VARNADORE, DONALD	
STREET ADDRESS	360L THREE LAKES LANE	2.3 STREET ADDRESS	360L THREE LAKES LANE	
CITY-ST-ZIP	VENICE FL 34292	2.4 CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SUMP, MARJORIE	3.2 NAME		
STREET ADDRESS	900 SO. TAMIAMI TRAIL STE. 606	3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-28-95 813-492-9241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DONALD VARNADORE | Date | Daytime Phone #

0466369 FP