

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011513

Entity Name: IMMANUEL TABERNALCE OF FAITH, INC.

Current Principal Place of Business:

144 AVENUE E
PORT SAINT JOE, FL 32456

Current Mailing Address:

144 AVENUE E
PORT SAINT JOE, FL 32456

FEI Number: 26-1481874

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, STEPHANIE
144 AVENUE E
PORT SAINT JOE, FL 32456 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: STEPHANIE LEWIS

04/20/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LEWIS, ADRIAN K SR.
Address 144 AVENUE E
City-State-Zip: PORT SAINT JOE FL 32456

Title D
Name GAINER, LOSSIE
Address P.O. BOX 446
City-State-Zip: WEWAHITCHKA FL 32465

Title D
Name LEWIS, STEPHANIE EVANGEL
Address 144 AVENUE E
City-State-Zip: PORT SAINT JOE FL 32456

Title TREASURER
Name WILLIAMS, VALENE S
Address 538 WILLIAMSBURG ROAD
City-State-Zip: WEWAHITCHKA FL 32465

Title SECRETARY
Name HAND, CAROLYN R
Address 3541 E. 37TH PLAZA APT. 13
City-State-Zip: PANAMA CITY FL 32404

Title ASST. SECRETARY
Name LEWIS, JAMILA J.
Address 2074 MIDYETTE ROAD
APT # 312
City-State-Zip: TALLAHASSEE FL 32301

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE A. LEWIS

REGISTERED AGENT

04/20/2018

Electronic Signature of Signing Officer/Director Detail

Date