

**2015 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:**

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

*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 LEWIS**

**RA**

**04/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date