

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703957

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: EMMAUS BAPTIST COLLEGE, INC.

**Current Principal Place of Business:**

706 DEW BLOOM RD  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2758  
BRANDON, FL 33509

**New Mailing Address:**

FEI Number: 23-7202810      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCALISTER, RAYMOND  
706 DEW BLOOM ROAD  
BRANDON, FL 33511      US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: MCALISTER, RAYMOND DR.  
Address: 706 DEW BLOOM RD.  
City-St-Zip: BRANDON, FL 33511

Title: VP ( ) Delete  
Name: BROWN, EDWARD K DR.  
Address: 4400 BURKLEY ROAD  
City-St-Zip: AUBURNDALE, FL 33823

Title: S/TE ( ) Delete  
Name: JACKSON, MARVIN  
Address: 504 S. OAKWOOD AVE.  
City-St-Zip: BRANDON, FL 33511

Title: TE ( ) Delete  
Name: GALLUPS, BOB  
Address: 1310 NE SECOND STREET  
City-St-Zip: MULBERRY, FL 33860

Title: TE ( ) Delete  
Name: GARNER, ALBERT DR.  
Address: 6210 ORANGE VALLEY CIRCLE  
City-St-Zip: LAKELAND, FL 33813

Title: TE ( ) Delete  
Name: LANIER, W. CLYDE DR.  
Address: 12300 OLD GRADE ROAD  
City-St-Zip: POLK CITY, FL 33868

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TE (X) Change ( ) Addition  
Name: MOODY, JAMES  
Address: 209 PALMETTO STREET  
City-St-Zip: AUBURNDALE, FL 33823

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: RAYMOND MCALISTER

P

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date