


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-28-2004 90361 001 ***122.50

DOCUMENT # N03000009742

1. Entity Name
EMMANUEL COMMUNITY OUTREACH CENTER, INC.



Principal Place of Business
**5060 NW 56TH ST
 COCONUT CREEK FL 33073**

Mailing Address
**P O BOX 938706
 MARGATE FL 33093**

2. Principal Place of Business
971-973 NW 71 Ave

3. Mailing Address
North Lauderdale Fl.

Suite, Apt. #, etc.
33068

City & State
33068

Country
Broward



MOORE CR2E037 (11/03)

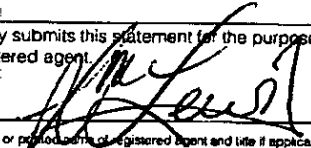
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

4. FEI Number **11-37-19809** Applied For Not Applicable

6. Name and Address of Current Registered Agent
**WILSON, IVORY
 11 NW 34TH AVE
 FT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent
 Name **LEARY M. LEWIS**
 Street Address (P.O. Box Number is Not Acceptable)
5060 NW 56 STREET
COCONUT CREEK
 City **FL** Zip Code **33073**

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/1/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

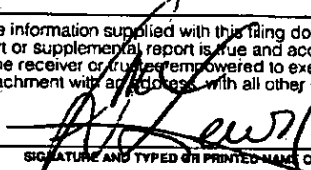
FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEARY M. LEWIS 5060 NW 56 STREET COCONUT CREEK FL 33073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENIOR, John 6230 WILES ROAD #7-103 CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CORA 5060 NW 56 STREET COCONUT CREEK FL 33073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other individuals empowered.

SIGNATURE:  DATE **4/1/04** DAYTIME PHONE # **954-663-4004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR