

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90132 020 ****61.25

DOCUMENT # N03000009742
1. Entity Name
EMMANUEL COMMUNITY OUTREACH CENTER, INC.



Principal Place of Business Mailing Address
971-973 NW 71 AVE P O BOX 938706
POMPANO BEACH FL 33068 MARGATE FL 33093



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State

4. FEI Number Applied For
11-3719809 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
LEWIS, LEARY M
5060 NW 56 STREET
POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent
Name **LEWIS, LEARY M.**
Street Address (P.O. Box Number is Not Acceptable)
356 SW KANE AVE
PORT SAINT LUCIE
City FL Zip Code **34953**

8. 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 *[Signature]* **President Director** DATE **4/21/05**
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, 2005

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

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LEWIS, LEARY M | |
| STREET ADDRESS | 5060 NW 56 STREET | |
| CITY-ST-ZIP | POMPANO BEACH FL 33073 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SENIOR, JOHN | |
| STREET ADDRESS | 6230 WILES ROAD 37-103 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33067 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEWIS, CERA | |
| STREET ADDRESS | 5060 NW 56 STREET | |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, LEARY M. | |
| STREET ADDRESS | 356 SW KANE AVE | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34953 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VASCIANNA, DENZIL | |
| STREET ADDRESS | 6760 SW. 11 STREET | |
| CITY-ST-ZIP | PLANTATION, FL 33317 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, GORA | |
| STREET ADDRESS | 356 SW KANE AVE | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34953 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 like empowered.
SIGNATURE: *[Signature]* **LEARY M. LEWIS** DATE **4/21/05** DAYTIME PHONE # **772-879-7071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR