


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90004 029 ****70.00

DOCUMENT # N98000001048 1. Entity Name CASA DE ADORACION EMANUEL, INC.	
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Principal Place of Business 509 S ATLANTA ST QUINCY, FL 32351	Mailing Address 4263 CARNWATH TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



07122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0873652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIOS, ADRIAN 4263 CARNWATH RD TALLAHASSEE, FL 32303
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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIOS, ADRIAN 4263 CARNWATH RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD YANEZ, ENRIQUE 2304 CLARA KEE BLVD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RIOS, VERONICA Y 4263 CARNWATH RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CASIA, FRANCISCO 614 E BETLINET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  **7-12-04 (850) 562-0443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #