

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001048

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: CASA DE ADORACION EMANUEL, INC.

**Current Principal Place of Business:**

509 S ATLANTA ST  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

4263 CARNWATH  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 59-0873652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIOS, ADRIAN  
4263 CARNWATH RD  
TALLAHASSEE, FL 32303 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: PD ( ) Delete  
Name: RIOS, ADRIAN  
Address: 4263 CARNWATH RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete  
Name: YANEZ, ENRIQUE  
Address: 2304 CLARA KEE BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD ( ) Delete  
Name: RIOS, VERONICA Y  
Address: 4263 CARNWATH RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete  
Name: CASIA, FRANCISCO  
Address: 614 E BETLINET  
City-St-Zip: QUINCY, FL 32351

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: VERONICA Y. RIOS

SD

04/24/2007

Electronic Signature of Signing Officer or Director

Date