

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40894** (0)

1. Corporation Name

SOUTHEAST FLORIDA EMMAUS, INC.



Principal Place of Business

ST.
% PETER'S UNITED METHODIST CHURCH
1584 FOREST HILL BLVD.
WELLINGTON FL 33414

Mailing Address

ST.
% PETER'S UNITED METHODIST CHURCH
1584 FOREST HILL BLVD.
WELLINGTON FL 33414

3. Date Incorporated or Qualified

11/08/1990

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0233483

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TREADWELL, KENNETH A.
500 SOUTH AUSTRALIAN AVENUE
W PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☒ DELETE
NAME **ROLPH, ALI**
STREET ADDRESS **1584 FOREST HILL BLVD.**
CITY-ST-ZIP **WELLINGTON FL**

11 TITLE **SECRETARY-SD** ☐ Change ☒ Addition
12 NAME **HARRIET ARMSTRONG**
13 STREET ADDRESS **845 AZURE AVENUE**
14 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **D** ☒ DELETE
NAME **CLEWIS, DOUGLAS**
STREET ADDRESS **22189 SW 57TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33428**

21 TITLE **SPECIAL DIRECTOR D** ☐ Change ☒ Addition
22 NAME **REV. RAINOR G. RICHTER**
23 STREET ADDRESS **11736 ANHANGA DRIVE**
24 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **PD** ☒ DELETE
NAME **PULLIESE, AL**
STREET ADDRESS **10289 SEAGRAPE WAY**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

31 TITLE **N/A** ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HALPERN, RICHARD**
STREET ADDRESS **12267 CHANNEL DR**
CITY-ST-ZIP **NORTH PALM BCH FL**

41 TITLE **PD** ☒ Change ☐ Addition
42 NAME **RICHARD HALPERN**
43 STREET ADDRESS **12267 CHANNEL DR**
44 CITY-ST-ZIP **NORTH PALM BEACH, FL**

TITLE **TD** ☒ DELETE
NAME **WEDA, KENNETH A**
STREET ADDRESS **2130 RADNOR COURT**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

51 TITLE **TREASURER TD** ☐ Change ☒ Addition
52 NAME **WILLIAM G. HOOP**
53 STREET ADDRESS **4161 CEDAR AVENUE**
54 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☒ DELETE
NAME **KOTECKI, BOB**
STREET ADDRESS **5420 PENNOCK PT. RD.**
CITY-ST-ZIP **JUPITER FL 33458**

61 TITLE **PD V/D** ☐ Change ☒ Addition
62 NAME **MIKE GUNBERG**
63 STREET ADDRESS **P.O. BOX 2003**
64 CITY-ST-ZIP **JUPITER FL 33468**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Hoop 3/24/96 (407) 796-8176

CR2E037 (12/95)

5-1-96 OK