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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40894** (0)

1. Corporation Name

SOUTHEAST FLORIDA EMMAUS, INC.



Principal Place of Business % PETER'S UNITED METHODIST CHURCH 1584 FOREST HILL BLVD. WELLINGTON FL 33414	Mailing Address % PETER'S UNITED METHODIST CHURCH 1584 FOREST HILL BLVD. WELLINGTON FL 33414
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3. Date Incorporated or Qualified 11/08/1990
4. FEI Number 65-0233483
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent TREADWELL, KENNETH A. 500 SOUTH AUSTRALIAN AVENUE W PALM BEACH FL 33401	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, HARRIET	1.2 NAME	
STREET ADDRESS	845 AZURE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, RAINOR	2.2 NAME	
STREET ADDRESS	11736 ANHINGA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREADWELL, KENNETH A.	3.2 NAME	PD
STREET ADDRESS	2305 SEAFORD DRIVE	3.3 STREET ADDRESS	TREADWELL, KENNETH A.
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	2305 SEAFORD DRIVE
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOP, WILLIAM G	4.2 NAME	
STREET ADDRESS	4161 CEDAR AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, MIKE	5.2 NAME	VD
STREET ADDRESS	P.O. BOX 2003	5.3 STREET ADDRESS	ROBBIN OVERTON
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	P.O. BOX 2003 13175 158TH ST. N
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE: *[Signature]* **WILLIAM G. HOOP** 4/29/98 (561)796-8176

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