

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40894

1. Entity Name

SOUTHEAST FLORIDA EMMAUS, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90026 027 ****61.25

Principal Place of Business
% PETER'S UNITED METHODIST CHURCH
1584 FOREST HILL BLVD.
WELLINGTON FL 33414

Mailing Address
DR. RAYMOND ARMSTRONG
% PETER'S UNITED METHODIST CHURCH
1584 FOREST HILL BLVD.
WELLINGTON FL 33414-5785



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0233483 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent QVERTON, ROBBIN 13175 158TH ST N JUPITER FL 33468 | | | | 7. Name and Address of New Registered Agent Name <i>Dr. Raymond Armstrong</i> Street Address (P.O. Box Number is Not Acceptable) <i>845 AZURE AVE</i> City <i>WELLINGTON</i> FL Zip Code <i>33414</i> | | | |
|---|--|--|--|---|--|--|--|

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.

SIGNATURE *[Signature]* *[Signature]* *3/16/2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STERLING, CATHY 4443 TWIN LAKES DRIVE MELBOURNE FL 32934 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BUDD, SANDY 708 ALAMANDA DRIVE NORTH PALM BEACH, FL. 33408 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICHTER, RAINER 11736 ANHINGA DR WELLINGTON FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD OVERTON, ROBIN 13175 158TH ST N JUPITER FL 33468 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KEITER, DEL 862 SE PORT ST. LUCIE FL 34983 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ARMSTRONG, RAYMOND E 845 AZURE AVENUE WELLINGTON FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KEITER, DEL 862 SE PORT ST LUCIE FL 34983 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ROLPH, ALI 1327 LAKE BREEZE DRIVE WELLINGTON, FL. 33414 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *RAYMOND ARMSTRONG* *[Signature]* *3/16/2000* (561) 586-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)