

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90368 012 ****61.25

DOCUMENT # N40894

1. Entity Name

SOUTHEAST FLORIDA EMMAUS, INC.

Principal Place of Business

Mailing Address

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

**% DR. RAYMOND ARMSTRONG
 1584 FOREST HILL BLVD.
 WELLINGTON FL 33414**

550639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0233483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMSTRONG, RAYMOND DR.
 845 AZURE AVE
 WELLINGTON FL 33414**

Name

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

City

FL

Zip Code

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, 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 **SD** ☐ Delete
 NAME **BUDD, SANDY**
 STREET ADDRESS **708 ALAMANDA DR**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **RICHTER, RAINER**
 STREET ADDRESS **11736 ANHINGA DR**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **KETER, DELL**
 STREET ADDRESS **862 SE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☒ Change ☐ Addition
 NAME **PO RULPH, ALI**
 STREET ADDRESS **1327 LAKE BREEZE DR**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **TD** ☐ Delete
 NAME **ARMSTRONG, RAYMOND E**
 STREET ADDRESS **845 AZURE AVENUE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **RULPH, ALI**
 STREET ADDRESS **1327 LAKE BREEZE DR**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☒ Change ☐ Addition
 NAME **KATHLEEN A. HARRIS**
 STREET ADDRESS **2864 D WINDING OAK LN**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

[Signature] **SIGNATURE REQUIRED**

3/5/01 (561) 924-2210

CR2E037 (10/00)