

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91201 035 \*\*\*\*61.25

**DOCUMENT # N40894**

1. Entity Name

**SOUTHEAST FLORIDA EMMAUS, INC.**

Principal Place of Business

**% PETER'S UNITED METHODIST CHURCH**  
**1504 FOREST HILL BLVD.**  
**WELLINGTON FL 33414**

Mailing Address

**% DR. RAYMOND ARMSTRONG**  
**1504 FOREST HILL BLVD.**  
**WELLINGTON FL 33414**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

**12200 W. Forest Hill Blvd**

City & State

Zip

Country

3. Mailing Address

**12200 W. Forest Hill Blvd**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0233483**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**Harriet Armstrong**

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

**845 Azure Ave**

City

**Wellington**

FL

Zip Code

**33414**

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

*Harriet Armstrong*  
 Signature, typed or printed name of registered agent and title is applicable.

**Harriet Armstrong, Treasurer**

DATE **4/27/02**

**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

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

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

TITLE **PD** ☒ Delete  
 NAME **RULPH, ALI**  
 STREET ADDRESS **1327 LAKE BREEZE DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

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

TITLE **VD** ☐ Delete  
 NAME **HARRIS, KATHLEEN A**  
 STREET ADDRESS **2864 D WINDING OAK LN**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary To Cousins** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS **402 Erie Drive**  
 CITY-ST-ZIP **Jupiter FL 33458**

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

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Richard Deary**  
 STREET ADDRESS **300 E. 2nd Street**  
 CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **Treasurer** ☐ Change ☒ Addition  
 NAME **Harriet Armstrong**  
 STREET ADDRESS **845 Azure Ave**  
 CITY-ST-ZIP **Wellington FL 33414**

TITLE **President** ☒ Change ☐ Addition  
 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:

*Harriet Armstrong*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/27/02**

DAYTIME PHONE # **561-233-4552**

CR2E037 (9/01)