

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731003

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** EMORY APPLIANCE REPAIR SERVICE, INC.

**Current Principal Place of Business:**

2530 E EMORY DR  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

2530 E EMORY DR  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

**FEI Number:** 59-1650960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATERS, ELYCE  
2766 EMORY DR E APT A  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: FELDHANDLER, FRAN  
Address: 2587 EMORY DR W APT I  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T  
Name: WATERS, ELYCE  
Address: 2766 EMORY DR EAST APT A  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: P  
Name: FRANK, LOIS  
Address: 2766 EMORY DR E APT C  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP  
Name: WHITE, DOROTHY  
Address: 2700 EMORY DR E APT H  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELYCE WATERS

T

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date