

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765320

FILED
Feb 19, 2011
Secretary of State

Entity Name: ALDERSGATE EMMAUS, INC.

Current Principal Place of Business:

C/O ERIC BLACKFORD
1718 BRUCE STREET
KISSIMMEE, FL 34741 US

New Principal Place of Business:

C/O ROBYN ANDRAS
18449 LAKE IOLA ROAD
DADE CITY, FL 33523 US

Current Mailing Address:

C/O ERIC BLACKFORD
1718 BRUCE STREET
KISSIMMEE, FL 34741 US

New Mailing Address:

C/O ROBYN ANDRAS
18449 LAKE IOLA ROAD
DADE CITY, FL 33523 US

FEI Number: 59-3216491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLACKFORD, ERIC
1718 BRUCE STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

ANDRAS, ROBYN
18449 LAKE IOLA ROAD
DADE CITY, FL 33523 US

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: ROBYN ANDRAS

02/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRE
Name: HELTON, JOHN
Address: 1296 ASHWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: TRE
Name: ANDRAS, ROBYN
Address: 18449 LAKE IOLA ROAD
City-St-Zip: DADE CITY, FL 33523 US

Title: SEC
Name: JANOTA, KAREN
Address: 2665 W FAIRFAX COURT
City-St-Zip: LECANTO, FL 34461 US

Title: SD
Name: SPANENBERG, JEANINE REV
Address: P.O. BOX 1130
City-St-Zip: GENEVA, FL 32732 US

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: ROBYN J. ANDRAS

TRE

02/19/2011

Electronic Signature of Signing Officer or Director

Date