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

FILED Mar 19, 2011 **DOCUMENT#765320** Secretary of State

Entity Name: ALDERSGATE EMMAUS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

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

**New Mailing Address: Current 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 ( )

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

JANOTA, KAREN Name:

Address: 2665 W. FAIRFAX COURT City-St-Zip: LECANTO, FL 34461 US

Title: ALD Name: JONES, KEN Address: 13213 TIFTON DRIVE City-St-Zip: TAMPA, FL 33618 US

Title: SEC

NEGLEY, MIKE Name:

Address: 138 WOODCREEK DRIVE EAST City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: TRE

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

Title:

SHIELDS, LOU REV. Name: 832 OLD OAKS LANE Address: LEESBURG, FL 34748 City-St-Zip:

Title:

PARKER, RANDY REV. Name: Address: 2453 SWEET WATER BLVD. ST. CLOUD, FL 34772 City-St-Zip:

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 ANDRAS **TRE** 03/19/2011