

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765320

FILED
Jan 22, 2012
Secretary of State

Entity Name: ALDERSGATE EMMAUS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3216491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDRAS, ROBYN
18449 LAKE IOLA ROAD
DADE CITY, FL 33523 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: LD
Name: SHIELDS, CAROLYN
Address: 831 OLD OAKS LANE
City-St-Zip: LEESBURG, FL 34748 US

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

Title: SEC
Name: KROLICKI, JOLINE
Address: 516 DARKWOOD AVENUE
City-St-Zip: OCOEE, FL 34761 US

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

Title: SD
Name: RAWLS, DAVID REV.
Address: 6545 N. MYAKA AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34772

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

01/22/2012

Electronic Signature of Signing Officer or Director

Date