FILE NOW: FILING FEE IS $61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00220 (6)

1. Corporation Name
GULF COAST EMMAUS, INC.

Principal Place of Business	Mailing Address
6258 PRESIDENTIAL CT. STE.104 FT. MYERS FL 33919	6258 PRESIDENTIAL CT..STE.104 FT. MYERS FL 33919-3594

3. Date Incorporated or Qualified: 12/07/1983
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2373816 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HENRY, MERLE F.
6258 PRESIDENTIAL CT.,STE.104
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARCIANO, RALPH		1.2 NAME		
STREET ADDRESS	11771 LAKESHIRE COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HENRY, MERLE		2.2 NAME		
STREET ADDRESS	1630 N. MAYFAIR RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	400002142884 -04/14/97--01040--038 ***61.25	☐ Change ☐ Addition
NAME	DIANE IVY		3.2 NAME		
STREET ADDRESS	P. O. BOX 1293		3.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	WINSTEAD, JOANNE		4.2 NAME	Jim Haynes	
STREET ADDRESS	1105 LENOX COURT		4.3 STREET ADDRESS	1812 S. E. 8th Street	
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	Cape Coral, Florida 33990	
TITLE	D	☐ DELETE	5.1 TITLE	P D	☒ Change ☐ Addition
NAME	DALE IVY		5.2 NAME	Dale Ivy	
STREET ADDRESS	P. O. BOX 1293		5.3 STREET ADDRESS	P. O. Box 1293 N/A	
CITY-ST-ZIP	LABELLE FL		5.4 CITY-ST-ZIP	LaBelle, FL	
TITLE	PD	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BROGATO, EVONA		6.2 NAME	Loren Zehr	
STREET ADDRESS	13663 MCGREGOR VILLAGE DR., #17		6.3 STREET ADDRESS	1918 S. E. 40th Terrace, #204	
CITY-ST-ZIP	FORT MYERS FL		6.4 CITY-ST-ZIP	Cape Coral, Florida 33904	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Merle F. Henry REQUIRED MERLE F. HENRY 3-6-97 (941) 481-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055635

4-14-97