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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

GULF COAST EMMAUS, INC.

FILED
Apr 27 1998 8:00am
Secretary of State

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Principal Plac	e of Business	Mailing Address			·	Altar mittl Albit E.	
	NTIAL CT8TE.104	6258 PRESIDENTIAL CT			3. Date Incorporated or Qualified		
FT. MYERS FL 33919-3594 US		FT. MYERS FL 33919-3 US	594		12/07/1983		
00		•			4. FEt Number	Ar	plied For
					<u>59-2373816</u>	No	t Applicable
2. Principal Place of Business 21		2a. Mailing Address			5. Certificate of Status Desired	\$8.75	
Suite, Apt.	# elc	Sulte, Apt. #, etc.			A Flority Organism Figure 100	Fee Re	
22]		27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State		City & State	—		7. Is this nonprofit corporation a homeow		n?
Zip	Country	28 Zip	Coun	try			
24	25	29	30	.,	This corporation owes or has paid the Personal Property Tax due June 30.		angible No
17	g, Name and Address of Cur		1901		10. Name and Address of New Register		<u> </u>
				1 Name			***
HENDY	MERLE F.		<u> </u>		(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		
	RESIDENTIAL CT.,STE.104			Street	Address (P.O. Box Number is Not Acceptable)		
	ERS FL 33919			13			
			ē	4 City		85 Zip (Code
	to the provisions of Sections 617.	0502 and 617 1508 Florida Str	stutes the abo	ove-named			beretzion a
11. Pursuant			710104 L		The state of the s	appointment as	registered
11. Pursuant office or i	registered agent, or both, in the St	ate of Florida, Such change wi	as authorized	by the cor	poration's board of directors, I hereby accept the	аррынинын ав	
	registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change wo oligations of, Section 617.0503.	as authorized , Florida Statu	by the cor tes.	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	аррынитен до	
11. Pursuant office or i agent. I a SIGNATURE	registered agent, or both, in the St im familiar with, and accept the ob- Signature, typed or printed name of registered				e required when reinstating) DA		
	Signature, typed or printed name of registered	agent and title if applicable (e required when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS	TE AND DIRECTOR	S IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable (NOTE: Registered /	kgent signature	e required when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS	те	
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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 13 if changed, or on an attachment with an address.

MERLE F. HENRY

4-11-98

(941) 481-5100