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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 33919-3594 US	6258 PRESIDENTIAL CT.,STE.104 FT. MYERS FL 33919-3594 US

3. Date Incorporated or Qualified: 12/07/1983

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HENRY, MERLE F. 6258 PRESIDENTIAL CT.,STE.104 FT. MYERS FL 33919	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	D	☐ Change ☒ Addition
NAME	MARCIANO, RALPH		1.2 NAME	Acevedo, Jorge	
STREET ADDRESS	11771 LAKESHIRE COURT		1.3 STREET ADDRESS	5715 Galloway Dr	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33903	
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	SD	☐ Change ☒ Addition
NAME	DIANE IVY		3.2 NAME	Dralle, Karen	
STREET ADDRESS	P. O. BOX 1293 N A		3.3 STREET ADDRESS	709 S. W. 31st Ter	
CITY-ST-ZIP	LABELLE FL		3.4 CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAYNES, JIM		4.2 NAME		
STREET ADDRESS	1812 S.E. 8TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		4.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME	DALE IVY		5.2 NAME	Riggs, Thomas	
STREET ADDRESS	P. O. BOX 1293 N A		5.3 STREET ADDRESS	1013 Lovely Lane	
CITY-ST-ZIP	LABELLE FL		5.4 CITY-ST-ZIP	Fort Myers, FL 33903	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ZEHR, LOREN		6.2 NAME	Rawlings, Wayne	
STREET ADDRESS	1918 S.E. 40 TH TERRACE,#204		6.3 STREET ADDRESS	71 East North Shore Ave	
CITY-ST-ZIP	CAPE CORAL FL 33904		6.4 CITY-ST-ZIP	Fort Myers, FL 33917	

CR2E037 (10/97)

14. I 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 MERLE F. HENRY 4-11-98 (941) 481-5100