


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90023 010 \*\*\*\*61.25

<b>DOCUMENT # N00220</b> 1. Entity Name <b>GULF COAST EMMAUS, INC.</b>					
Principal Place of Business <b>6258 PRESIDENTIAL CT., STE. 104 FT. MYERS, FL 33919-3594 US</b>				Mailing Address <b>6258 PRESIDENTIAL CT., STE. 104 FT. MYERS, FL 33919-3594 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-2373816</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HENRY, MERLE F. 6258 PRESIDENTIAL CT., STE. 104 FT. MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALTON, JACK		NAME	Salerno, Marianne	
STREET ADDRESS	1225 S.W 49TH STREET		STREET ADDRESS	2504 S. W. 51st Street	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY, MERLE		NAME	Gissendanner, Betty	
STREET ADDRESS	1630 N. MAYFAIR RD.		STREET ADDRESS	23259 Painter Avenue	
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP	Port Charlotte, FL 33954	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRALLE, KAREN		NAME		
STREET ADDRESS	709 SW 31ST TERR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDECKER, JIM		NAME	Formica, Bob	
STREET ADDRESS	1418 S.E. 23RD STREET		STREET ADDRESS	136 S. E. 12th Place	
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CYNTHIA		NAME		
STREET ADDRESS	2371 LINWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	ALVA, FL 33920		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMSCHOOT, FREDA		NAME		
STREET ADDRESS	13425 4TH STREET, S.E		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Betty Gissendanner</u> Betty Gissendanner <u>2/25/2004</u> <u>1941-6254149</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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