2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90314 004 ****61.25

DOCUMENT # N00220

1. Entity 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

02262005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
13425 4th St	13425 4th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Myers, FL	City & State: Ft Myers, FL
Zip: 33905 Country: Lee	Zip: 33905 Country: Lee

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENRY, MERLE F. 6258 PRESIDENTIAL CT.,STE.104 FT. MYERS, FL 33919	Name: Freda Himschoot Street Address (P.O. Box Number is Not Acceptable): 13425 4th St City: Ft Myers FL Zip Code: 33905

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: Freda D Himschoot 3/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	~~SD~~ D	☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	SALERNO, MARIANNE		NAME	Louise Carlton	
STREET ADDRESS	2504 SW 51ST STREET		STREET ADDRESS	4761 Lafayette Ln. W	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	Estero, FL 33928	
TITLE	TD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	GISSENDANNER, BETTY		NAME	JIM Rosenburg	
STREET ADDRESS	23259 PAINTER AVENUE		STREET ADDRESS	2466 1st St	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		CITY-ST-ZIP	Ft myers, FL 33901	
TITLE	D	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	FORMICA, BOB		NAME	MARY HOWARD	
STREET ADDRESS	136 SE 12TH PLACE		STREET ADDRESS	4165 Conward Blvd	
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP	Pt Charlotte, FL 33952	
TITLE	PD	☒ Delete	TITLE	Mike Leppala.	☐ Change ☒ Addition
NAME	REDECKER, JIM		NAME	5486 Beaujulais Ln	
STREET ADDRESS	1418 S.E. 23RD STREET		STREET ADDRESS	Ft Myers, FL 33919	
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP		
TITLE D	~~VP~~ D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	ALLEN, CYNTHIA		NAME	Joann Cicone	
STREET ADDRESS	2371 LINWOOD AVE		STREET ADDRESS	6360 Royal Woods Dr	
CITY-ST-ZIP	ALVA, FL 33920		CITY-ST-ZIP	Ft myers, FL 33908	
TITLE P	~~D~~ P	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	HIMSCHOOT, FREDA		NAME	Nancy Fichter	
STREET ADDRESS	13425 4TH STREET,S.E		STREET ADDRESS	21252 Washburn Ave	
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP	Pt Charlotte, FL 33952	

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: Freda D Himschoot 3/1/05 941-625-4149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #