


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90041 008 \*\*\*\*70.00

<b>DOCUMENT # N00220</b>		
1. Entity Name GULF COAST EMMAUS, INC.		

Principal Place of Business 5825 TALLOWOOD CIR FORT MYERS, FL 33919 US	Mailing Address POB 2638 FORT MYERS, FL 33902 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40060000



03162007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2373816	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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## 6. Name and Address of Current Registered Agent

MIDDAUGH, BRAD  
5825 TALLOWOOD CIR  
FORT MYERS, FL 33919

## 7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HASTER, MARILYN	
STREET ADDRESS	1901 SE 14TH ST	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENHERT, DAWN	
STREET ADDRESS	3411 SW 27TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRON, PT	
STREET ADDRESS	1814 SE 6TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROYSTER, ROB	
STREET ADDRESS	134 SW 52ND ST	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	CENTANNE, VINCE	
STREET ADDRESS	10298 SUGERMILL CT	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	P	<input type="checkbox"/> Delete
NAME	HIMSCHOOT, FREDA	
STREET ADDRESS	13425 4TH STREET, S.E	
CITY-ST-ZIP	FORT MYERS, FL 33905	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams, Ric	
STREET ADDRESS	667 spartina Court	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lehnert, Dawn	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Royston, Rob	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dawn E. Perry-Lehnert Date: April 11, 2007 Daytime Phone: 239 849 4752