

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008669

FILED  
Sep 12, 2005  
Secretary of State

**Entity Name:** FLORIDA SONRISE EMMAUS, INC.

**Current Principal Place of Business:**

27 BROOK CREST WAY  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

27 BROOK CREST WAY  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 10-0000866      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BLACK, HARRY  
27 BROOK CREST WAY  
ORMOND BEACH, FL 32174      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: BLACK, HARRY  
Address: 27 BROOK CREST WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DC      ( ) Delete  
Name: MCELVEEN, SHERRY K  
Address: 1541 OAK FOREST DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DT      ( ) Delete  
Name: HOYT, JACK  
Address: 416 B BANANA CAT DRIVE  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D      ( ) Delete  
Name: BROWN, DAVID A  
Address: 201 WINDWARD CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D      ( ) Delete  
Name: KING, CHRISTINE M  
Address: 343 APACHE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: LESTER, SID  
Address: 38 RIVOCEAN DR.  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY H. BLACK, MD

DIR

09/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date