

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010926

FILED  
Feb 08, 2006  
Secretary of State

**Entity Name:** EMMAUS JOB SKILLS AND ENTERPRISE DEVELOPMENT CENTRE, INC.

**Current Principal Place of Business:**

C/O BLOCK & BRAND  
1044 NE 15TH AVENUE  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BLOCK & BRAND  
1044 NE 15TH AVENUE  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 20-3727074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

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

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: DCPT ( ) Delete  
Name: LAVIN, JAMES  
Address: 3333 JACKS SHOP ROAD  
City-St-Zip: ROCHELLE, VA 22738

Title: D ( ) Delete  
Name: LAVIN, KRISTINE  
Address: 3333 JACKS SHOP ROAD  
City-St-Zip: ROCHELLE, VA 22738

Title: D ( ) Delete  
Name: LAVIN, EAMON  
Address: 36 MAPLE PLACE 2ND FLOOR  
City-St-Zip: MANHASSET, NY 11030

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAMES M LAVIN

MR

02/08/2006

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

\_\_\_\_\_  
Date