## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000002425

Entity Name: EMMANUEL EN GETSEMANI, INC.

FILED Jun 18, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1182 BROWNELL ST CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

7085 DELTA WAY CLEARWATER, FL 33764

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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:

RIVAS, RAFAEL RIVAS, RAFAEL 15 BOOTH AVE N 2918 DREW ST

#5 220

CLEARWATER, FL 33755 US CLEARWATER, FL 33759 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: RAFAEL RIVAS 06/18/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change( ) Addition

 Name:
 FERRER, JOSE
 Name:

 Address:
 7085 DELTA WAY
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:

Title: D ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 SANCHEZ, ANNIE
 Name:
 SANCHEZ, ANNIE

 Address:
 7085 DELTA WAY
 Address:
 7085 DELTA WAY

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:
 CLEARWATER, FL 33764

Title: STD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 ROSARIO, ANIDALIA
 Name:
 HERNANDEZ, MARIA

 Address:
 7085 DELTA WAY
 Address:
 221 LAKE AVE NE

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:
 LARGO, FL 33771

Title: D () Delete Title: D (X) Change () Addition

Name: SANCHEZ, EDWIN Name: RIVAS, RAFAEL

 Address:
 7085 DELTA WAY
 Address:
 2918 DREW ST APT 220

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:
 CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify 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: JOSE FERRER PD 06/18/2009