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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17161** **(3)**

1. Corporation Name

EMMAUS COUNSELING CENTER, INC.

Principal Place of Business	Mailing Address
2281 LEE ROAD SUITE 203 WINTER PARK FL 32789	2281 LEE ROAD SUITE 203 WINTER PARK FL 32789-7205

3. Date Incorporated or Qualified: 10/07/1986
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2768475 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOBBIE, GORDON D.
911 GILLIS COURT
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CASLOW, BRAIN		1.2 NAME	BOATWRIGHT, JOE	
STREET ADDRESS	2613 TIERRA CIRCLE		1.3 STREET ADDRESS	413 WESTCHESTER	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRODIE, JANICE		2.2 NAME		
STREET ADDRESS	2993 CEDAR GLEN PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOBBIE, GORDON D.		3.2 NAME		
STREET ADDRESS	911 GILLIS CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOCKHART, ANDY		4.2 NAME		
STREET ADDRESS	1649 HIBISCUS AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PIETKIEWICZ, STAN		5.2 NAME		
STREET ADDRESS	2219 VENETIAN WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, DOUG		6.2 NAME		
STREET ADDRESS	1604 BOMI CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

_____ 4/28/98 407-24[illegible]