


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2281 LEE ROAD SUITE 203 WINTER PARK FL 32789	Mailing Address 2281 LEE ROAD SUITE 203 WINTER PARK FL 32789
--	--

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

3. Date Incorporated or Qualified 10/07/1986	4. FEI Number 59-2768475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Gordon D. Hobbie **Gordon D. Hobbie** **5/11/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CASLOW, BRAIN
STREET ADDRESS	2813 TIERRA CIRCLE
CITY-ST-ZIP	WINTER PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOATWRIGHT, JOE
STREET ADDRESS	413 WESTCHESTER
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	P <input type="checkbox"/> DELETE
NAME	HOBBIE, GORDON D.
STREET ADDRESS	911 GILLIS CT.
CITY-ST-ZIP	MAITLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LOCKHART, ANDY
STREET ADDRESS	1849 HIBISCUS AVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PIETKIEWICZ, STAN
STREET ADDRESS	2219 VENETIAN WAY
CITY-ST-ZIP	WINTER PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WALKER, DOUG
STREET ADDRESS	1804 BOMI CIRCLE
CITY-ST-ZIP	WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Kim Anderson
1.3 STREET ADDRESS	2150 Lake Drive
1.4 CITY-ST-ZIP	Winter Park, FL 32789
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE Gordon D. Hobbie **Gordon D. Hobbie** **5/11/98**

CR2037 (10/97)