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04-30-1999 90111 031 ****61.25

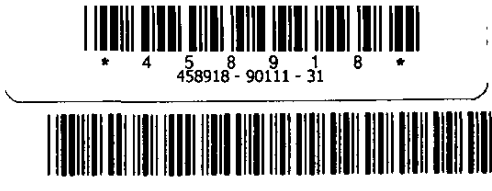
2001 JUNE

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17161

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/07/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2768475
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOBBI, GORDON D. 911 GILLIS COURT MAITLAND FL 32751		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 CASLOW, BRAIN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2613 TIERRA CIRCLE	1.2 NAME	
STREET ADDRESS	WINTER PARK FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BOATWRIGHT, JOE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	413 WESTCHESTER	2.2 NAME	
STREET ADDRESS	ALTAMONTE SPRINGS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P HOBBI, GORDON D.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	911 GILLIS CT.	3.2 NAME	
STREET ADDRESS	MAITLAND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LOCKHART, ANDY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1849 HIBISCUS AVE	4.2 NAME	
STREET ADDRESS	WINTER PARK FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PIETKIEWICZ, STAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2219 VENETIAN WAY	5.2 NAME	
STREET ADDRESS	WINTER PARK FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D WALKER, DOUG	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1604 BOMI CIRCLE	6.2 NAME	D Anderson, Kim
STREET ADDRESS	WINTER PARK FL	6.3 STREET ADDRESS	2150 Lake DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Park, FL 32789

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, with all other like empowered.

SIGNATURE *Gordon D. Hobbi* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4/27/99 Day/Time Phone # (407) 740-5575

CR2E037 (1/1/98)