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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17161

1. Corporation Name

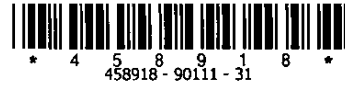
EMMAUS COUNSELING CENTER, INC.

Principal Place of Business

2281 LEE ROAD
SUITE 203
WINTER PARK FL 32789

Mailing Address

2281 LEE ROAD
SUITE 203
WINTER PARK FL 32789



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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
NAME CASLOW, BRAIN
STREET ADDRESS 2613 TIERRA CIRCLE
CITY-ST-ZIP WINTER PARK FL

TITLE D
NAME BOATWRIGHT, JOE
STREET ADDRESS 413 WESTCHESTER
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE P
NAME HOBBIE, GORDON D.
STREET ADDRESS 911 GILLIS CT.
CITY-ST-ZIP MAITLAND FL

TITLE D
NAME LOCKHART, ANDY
STREET ADDRESS 1649 HIBISCUS AVE
CITY-ST-ZIP WINTER PARK FL

TITLE D
NAME PIETKIEWICZ, STAN
STREET ADDRESS 2219 VENETIAN WAY
CITY-ST-ZIP WINTER PARK FL

TITLE D
NAME WALKER, DOUG
STREET ADDRESS 1604 BOMI CIRCLE
CITY-ST-ZIP WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D
6.2 NAME Anderson, Kim
6.3 STREET ADDRESS 2150 Lake DR
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 *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (407) 740-5575

Date

Daytime Phone #

CR2E037 (11/98)