

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90186 010 ****61.25

DOCUMENT # N17161

1. Entity Name

EMMAUS COUNSELING CENTER, INC.



Principal Place of Business

711 TURNBULL AVE
CASSELBERRY FL 32701

Mailing Address

711 TURNBULL AVE
CASSELBERRY FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

Country

Zip

Country

4. FEI Number

59-2768475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOBBIE, GORDON D.
911 GILLIS COURT
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

711 Turnbull Ave

Altamonte Springs,

City

Altamonte Springs

FL

Zip Code

32701

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gordon D. Hobbie - President

2/25/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 220 Lake Seminary CR
CITY-ST-ZIP Maitland, FL 32751

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32701

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32751

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32789

TITLE D
NAME BARKMAN, CHERI
STREET ADDRESS 1432 PELICAN BAY TRAIL
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gordon D. Hobbie

4/23/04 407-740-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #