


**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      Mailing Address  
**711 TURNBULL AVE  
CASSELBERRY FL 32701**      **711 TURNBULL AVE  
CASSELBERRY FL 32701**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Altamonte Springs, FL**      **Altamonte Springs, FL**  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2768475**      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional Fee Required**



MOORE      CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**HOBBIE, GORDON D.  
911 GILLIS COURT  
MAITLAND FL 32751**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**711 Turnbull Ave**  
**Altamonte Springs,**  
City      **FL**      Zip Code  
**Altamonte Springs**      **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.      DATE: 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	CASLOW, BRAIN	
STREET ADDRESS	2613 TERRA 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	1649 HIBISCUS AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKMAN, CHERI	
STREET ADDRESS	1432 PELICAN BAY TRAIL	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	220 Lake Seminary CR	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32701	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32751	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Hobbie      DATE: 4/23/04      DAYTIME PHONE #: 407-740-5515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #