

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17161

FILED
Mar 13, 2006
Secretary of State

Entity Name: EMMAUS COUNSELING CENTER, INC.

Current Principal Place of Business:

711 TURNBULL AVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

711 TURNBULL AVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-2768475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBBIE, GORDON D.
711 TURNBULL AVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

HOBBIE, GORDON D PRES
711 TURNBULL AVE
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: GORDON D. HOBBIE, PRESIDENT

03/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASLOW, BRAIN
Address: 220 LAKE SEMINARY CR
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: BOATWRIGHT, JOE
Address: 413 WESTCHESTER
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: P () Delete
Name: HOBBIE, GORDON D.,
Address: 558 LAKE AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: LOCKHART, ANDY
Address: 1641 HIBISCUS AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BARKMAN, CHERI
Address: 1432 PELICAN BAY TRAIL
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOBBIE, GORDON D PRES
Address: 558 LAKE AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON D. HOBBIE, PH.D., LMHC

PRES

03/13/2006

Electronic Signature of Signing Officer or Director

Date