

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N17161

1. Entity Name
EMMAUS COUNSELING CENTER, INC.



Principal Place of Business
**711 TURNBULL AVE
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**711 TURNBULL AVE
ALTAMONTE SPRINGS, FL 32701**



03142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2768475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

*President
- Director, Gordon D. Hobbie, Ph.D., LMHC 3/18/08*
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000866631
04/08/08-80039-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASLOW, BRAIN 220 LAKE SEMINARY CR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOATWRIGHT, JOE 413 WESTCHESTER ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBIE, GORDON D PRES 558 LAKE AVENUE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKHART, ANDY 1641 HIBISCUS AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKMAN, CHERI 1432 PELICAN BAY TRAIL WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon D. Hobbie-Director 3/18/08
Date

407-740-5575
Daytime Phone #