

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17161

FILED  
Mar 08, 2010  
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 PRES  
711 TURNBULL AVE  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CASLOW, BRIAN  
Address: 220 LAKE SEMINARY CR  
City-St-Zip: MAITLAND, FL 32751

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

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

Title: D  
Name: LOCKHART, ANDY  
Address: 1350 AUDUBON RD  
City-St-Zip: MAITLAND, FL 32751

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

I hereby 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 all other like empowered.

SIGNATURE: GORDON D. HOBBIE

PRES

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date