

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90366 015 ****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**

☐ CHECK HERE IF MAKING CHANGES

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)

City

FL

Zip Code

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

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

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

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

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

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

TITLE **D** ☒ Delete
NAME **PIETKIEWICZ, STAN**
STREET ADDRESS **2219 VENETIAN WAY**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **CHERI BARKMAN**
STREET ADDRESS **H32 PELICAN BAY TRAIL**
CITY-ST-ZIP **WINTER PARK, FL 32792**

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: **X**

Signature of Registered Agent

407-740-5575

CR2E037 (10/02)