2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N44561

Entity Name: EMMAUS ROAD OUTREACH MINISTRIES

Current Principal Place of Business:

5820 MONTGOMERY AVE
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

P O BOX 601
GONZALEZ, FL 32560 US

New Mailing Address:

FEI Number: 59-3078683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEUCHTMAN, GARY B.
BEGGS & LANE
501 COMMENDENCIA STREET
PENSACOLA, FL 32501 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: PD ( ) Delete
Name: GATSON, JAMES O
Address: 1947 JOSHUA DR
City-St-Zip: CANTONMENT, FL 32533 US

Title: TD ( ) Delete
Name: GATSON, GLORIA W
Address: 1947 JOSHUA DR
City-St-Zip: CANTONMENT, FL 32533 US

Title: D ( ) Delete
Name: RILEY, DARRYL D
Address: 2300 W MICHIGAN AVENUE #27
City-St-Zip: PENSACOLA, FL 32526 US

Title: D ( ) Delete
Name: NEWMAN, MARY
Address: 407 W. LEE ST.
City-St-Zip: PENSACOLA, FL 32501 US

Title: D ( ) Delete
Name: LEWIS, OLIVIA F
Address: 1916 W GONZALEZ STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D ( ) Change (X) Addition
Name: YORK, SHARON
Address: 2682 CHESHIRE DRIVE, S
City-St-Zip: MOBILE, AL 36605

I hereby certify that the information supplied with this filing does not qualify 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: GLORIA W GATSON TD 04/27/2009

Electronic Signature of Signing Officer or Director — Date