

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90093 043 \*\*\*\*61.25

<b>DOCUMENT # N92000000457</b>					
<b>1. Entity Name</b> SUNCOAST EMMAUS, INC.					
<b>Principal Place of Business</b> 1430 OAK STREET NOKOMIS, FL 34275 US			<b>Mailing Address</b> P.O. BOX 251 VENICE, FL 34284-0251		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0411276	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WASSON, DORRIS S 1430 OAK STREET NOKOMIS, FL 34275			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> D <b>NAME</b> CALDWELL, JULIE <b>STREET ADDRESS</b> 3309 SE FIRST AVE <b>CITY-ST-ZIP</b> CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> CAMINITI, RON <b>STREET ADDRESS</b> 375 GREY ST <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34275	<input type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> WASSON, DORRIS <b>STREET ADDRESS</b> 1430 OAK STREET <b>CITY-ST-ZIP</b> NOKOMIS, FL 34275	<input type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> YEAGER, KAREN <b>STREET ADDRESS</b> 1735 HUKETT DR. <b>CITY-ST-ZIP</b> BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> Steve Smith, Ph.D. <b>STREET ADDRESS</b> 7207 13th Ave Drive West <b>CITY-ST-ZIP</b> Bradenton, FL 34209-4427	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> S <b>NAME</b> Harriet Bryan <b>STREET ADDRESS</b> 3291 Lakeside Dr <b>CITY-ST-ZIP</b> Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE: DORRIS S. WASSON</b>				941-412-0847	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	