2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State
02-25-2005 90149 020 ****70.00

DOCUMENT # N96000004465

1. Entity Name
FLORIDA CROWN EMMAUS, INC.

Principal Place of Business
7035 PHILLIPS HIGHWAY., STE 5-216
JACKSONVILLE, FL 32216 US

Mailing Address
7035 PHILLIPS HIGHWAY., STE 5-216
JACKSONVILLE, FL 32216 US

02062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3401381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, ROBERT E
481 KEVIN DR
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name JOSIAH S. BARTHOLOMEW
Street Address (P.O. Box Number is Not Acceptable) 8360 MATHONIA AVE
City JACKSONVILLE FL Zip Code 32211

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] DIRECTOR 02/08/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BARTHOLOMEW, JOSIAH S 8360 MATHONIA AVE. JACKSONVILLE, FL 32211 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BINNIE CASWELL 3885 EDNICE RD JACKSONVILLE, FL 32250 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD CRESWELL, GERALDINE 11771 LORETTO SQ DR. JACKSONVILLE, FL 32223 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CROOK, VERNA L 7352 GREY FOX LANE JACKSONVILLE, FL 32244 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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: [signature] GERALDINE CRESWELL 02/08/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #