## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004465

Entity Name: FLORIDA CROWN EMMAUS, INC.

FILED Jan 29, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

7035 PHILLIPS HIGHWAY., STE 5-216 4320 DEERWOOD LAKE PKW, STE 101

JACKSONVILLE, FL 32216 #102

JACKSONVILLE, FL 32216

**Current Mailing Address: New Mailing Address:** 

4320 DEERWOOD LAKE PKW, STE 101, #102 JACKSONVILLE, FL 32216

FEI Number: 59-3401381 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BARTHOLOMEW, JOSIAH S CASWELL, BINNIE 8360 MATHONIA AVE 3885 EUNICE ROAD

JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32250 US US

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: BINNIE CASWELL 01/29/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

CASWELL, BINNIE Name: Name: Address: 3885 EUNICE RD Address:

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition Name: CROOK, VERNA L Name: DOUTHETT, DEBRA

Address: 7352 GREY FOX LANE Address: 12733 LOCREN ROAD City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete Title: () Change () Addition

BRIDESON, LEE Name: Name: 4325 ST. JOHNS AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEE BRIDESON SD 01/29/2007