

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004465

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: FLORIDA CROWN EMMAUS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

4958 MAYBANK WAY  
JACKSONVILLE, FL 32225

FEI Number: 59-3401381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASWELL, BINNIE  
3885 EUNICE ROAD  
JACKSONVILLE, FL 32250 US

## Name and Address of New Registered Agent:

ARTEAGA, DOREEN  
4557 BAY HARBOUR DRIVE  
JACKSONVILLE, FL 32225 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: DOREEN K. ARTEAGA

04/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CASWELL, BINNIE  
Address: 3885 EUNICE RD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: DOUTHETT, DEBRA  
Address: 12733 LOCREN ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete  
Name: BRIDSON, LEE  
Address: 4325 ST. JOHNS AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Delete  
Name: WILLIAMS, RICHARD B  
Address: 4958 MAYBANK WAY  
City-St-Zip: JACKSONVILLE, FL 32225 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, RICHARD  
Address: 4958 MAYBANK WAY  
City-St-Zip: JACKSONVILLE, FL 32225

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

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

Title: T (X) Change ( ) Addition  
Name: ARTEAGA, DOREEN K  
Address: 4557 BAY HARBOUR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225 US

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: DOREEN K. ARTEAGA

T

04/26/2009

Electronic Signature of Signing Officer or Director

Date