## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001480

Entity Name: EMMANUEL HUMAN SERVICES, INC

FILED Jul 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 216 SW 2 COURT DEERFIELD BEACH, FL 33441 **Current Mailing Address: New Mailing Address:** 216 SW 2 COURT DEERFIELD BEACH, FL 33441 FEI Number: 65-0736002 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNOWLES, NATHANIEL B 216 SW 2 COURT DEERFIELD BEACH, FL 33441 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KNOWLES, NATHANIEL B Name: Name: 690 SW 12 COURT Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: KNOWLES, LINDA P Name: Address: 690 SW 12 COURT Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: Title: () Delete Title: () Change () Addition RAHMING, BRENDA J Name: Name: Address: 1351 S W 10 TERR Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: Title: Title: () Change () Addition ( ) Delete HENRY, GAIL J Name: Name: 347 SW 30TH AVE Address: Address: DEERFIELD BEACH, FL 33442 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MCHENRY, QUEEN O Name: Name: 2581 NW 12TH ST Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: () Delete Title: () Change () Addition MORRISON, GREGORY Name: Name: Address: 3245 SO. PORT ROYALE DR. Address: FT.LAUDERDALE, FL 33308 City-St-Zip: City-St-Zip:

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: LINDA P. KNOWLES SD 07/02/2008