2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N97000001480

Entity Name: EMMANUEL HUMAN SERVICES, INC

Current Principal Place of Business:

216 SW 2 COURT
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

216 SW 2 COURT
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 65-0736002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOWLES, NATHANIEL B
216 SW 2 COURT
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

KNOWLES, NATHANIEL B
2605 SW 14 DRIVE
DEERFIELD BEACH, FL 33442 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: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	M	( ) Delete
Name:	KNOWLES, NATHANIEL B	
Address:	690 SW 12 COURT	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	SD	( ) Delete
Name:	KNOWLES, LINDA P	
Address:	690 SW 12 COURT	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	D	( ) Delete
Name:	RAHMING, BRENDA J	
Address:	1351 S W 10 TERR	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	D	( ) Delete
Name:	HENRY, GAIL J	
Address:	347 SW 30TH AVE	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	TD	( ) Delete
Name:	MCHENRY, QUEEN O	
Address:	2581 NW 12TH ST	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	C	( ) Delete
Name:	MORRISON, GREGORY	
Address:	3245 SO. PORT ROYALE DR.	
City-St-Zip:	FT.LAUDERDALE, FL 33308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	M	(X) Change ( ) Addition
Name:	KNOWLES, NATHANIEL B	
Address:	2605 SW 14TH COURT	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	SD	(X) Change ( ) Addition
Name:	KNOWLES, LINDA P	
Address:	2605 SW 14TH COURT	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: GREGORY MORRISON C 04/29/2009
Electronic Signature of Signing Officer or Director — Date