

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005383

1. Corporation Name

EMMANUEL'S HOUSE OF RESTORATION, INC.

Principal Place of Business

436 WINNERS CIRCLE
LADY LAKE FL 32158-0119

Mailing Address

436 WINNERS CIRCLE
LADY LAKE FL 32158-0119

FILED
Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90007 045 ****61.25

03-13-1999 90007 046 *****8.75



2. Principal Place of Business

21 11770 N. US Hwy 301

2a. Mailing Address

26 P.O. Box 119

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Oxford, Florida

City & State

28 Lady Lake, Florida

Zip

24 34484

Country

25 Sumter

Zip

29 32158-0119

Country

30 Lake

3. Date incorporated or Qualified

09/16/1998

4. FEI Number

59-347-6213

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VELAZQUEZ, ELIZABETH
436 WINNERS CIRCLE
LADY LAKE FL 32158-0119

10. Name and Address of New Registered Agent

81 Name Elizabeth Velazquez
82 Street Address (P.O. Box Number is Not Acceptable)
11896 N. US Hwy 301
83
84 City Oxford FL 85 Zip Code 34484

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Elizabeth Velazquez, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME VELAZQUEZ, ELIZABETH
STREET ADDRESS 436 WINNERS CIRCLE
CITY-ST-ZIP LADY LAKE FL 32158-0119

TITLE D
NAME VELAZQUEZ, STEVEN
STREET ADDRESS 436 WINNERS CIRCLE
CITY-ST-ZIP LADY LAKE FL 32158-0119

TITLE D
NAME FELICIANO, VICTOR E
STREET ADDRESS 1896 N US HWY 301
CITY-ST-ZIP OXFORD FL 34484

TITLE D
NAME BAUZA, CARMEN
STREET ADDRESS 85 HICKORY LOOP
CITY-ST-ZIP Ocala FL 34472

TITLE D
NAME EVELISSE M. RINCON
STREET ADDRESS 55 Cypress Road
CITY-ST-ZIP Ocala, FL. 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Velazquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-330-2351

CR2E037 (11/98)