

FILE NOW: FILING FEE IS \$61.25

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Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90007 045 ****61.25
03-13-1999 90007 046 *****8.75

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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



2. Principal Place of Business

21 11770 N. US Hwy 301

2a. Mailing Address

26 P.O. Box 119

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

23 Oxford, Florida

28 Lady Lake Florida

24 34484 25 Sumter

29 321580119 30 Lake

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	<input type="checkbox"/> DELETE
NAME	VELAZQUEZ, ELIZABETH	
STREET ADDRESS	436 WINNERS CIRCLE	
CITY-ST-ZIP	LADY LAKE FL 32158-0119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VELAZQUEZ, STEVEN	
STREET ADDRESS	436 WINNERS CIRCLE	
CITY-ST-ZIP	LADY LAKE FL 32158-0119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELICIANO, VICTOR E	
STREET ADDRESS	1896 N US HWY 301	
CITY-ST-ZIP	OXFORD FL 34484	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUZA, CARMEN	
STREET ADDRESS	85 HICKORY LOOP	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVELISSE M. RINCON	
STREET ADDRESS	55 Cypress Road	
CITY-ST-ZIP	Ocala, FL. 34472	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D. Dionicio Tejada
6.3 STREET ADDRESS	3010 Sw. 140th
6.4 CITY-ST-ZIP	Ocala, Florida 34472

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-330-2951

Date Daytime Phone #

CR2E037 (11/98)