


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2008 8:00 am**  
**Secretary of State**

06-19-2008 90001 001 \*\*\*\*61.25

<b>DOCUMENT # N98000005383</b>					
<b>1. Entity Name</b> <b>EMMANUEL'S HOUSE OF RESTORATION, INC.</b>					
<b>Principal Place of Business</b> 2706 RIVERS END RD. ORLANDO, FL 32817			<b>Mailing Address</b> P.O. BOX 678323 ORLANDO, FL 32867		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <i>2706 Rivers End Rd.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Orlando, FL</i>		<b>4. FEI Number</b> 59-3476213	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <i>32817</i>		Country <i>Orange</i>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  VELAZQUEZ, ELIZABETH 7835 PINE CROSSING CIR. #1022 ORLANDO, FL 32807			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELAZQUEZ, ELIZABETH 7835 PINE CROSSING CIR. #1022 ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VELAZQUEZ, STEVEN 7835 PINE CROSSING CIR. #1022 ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, JOSE 10100 ALCOCK RD. ORLANDO, FL 32817	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDEZ, MARIBEL 570 WILLOW POND CT. #101 ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Elizabeth Velazquez</i>		Date: <i>6-13-08</i> Daytime Phone #: <i>407-216-0930</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					