

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90116 045 ****70.00

DOCUMENT # N98000005383

1. Entity Name

EMMANUEL'S HOUSE OF RESTORATION, INC.



Principal Place of Business

Mailing Address

**50 EAST MAGNOLIA ST #D
APOPKA FL 32703**

**P.O. BOX 4072
APOPKA FL 32704-4072**

2. Principal Place of Business

3. Mailing Address

3010 SW 140th Loop

P.O. Box 11076

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Ocala, Florida

City & State

Ocala, FLORIDA

4. FEI Number **59-3476213**

Applied For

Not Applicable

Zip **34473**

Country **marion**

Zip **34473**

Country **marion**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VELAZQUEZ, ELIZABETH
50 EAST MAGNOLIA ST #D
APOPKA FL 32703**

Name **Elizabeth Velazquez**

Street Address (P.O. Box Number is Not Acceptable) **419 Plymouth Rock PL.**

City **Apopka**

FL

Zip Code **32712**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	NAME VELAZQUEZ, ELIZABETH
STREET ADDRESS 50 EAST MAGNOLIA ST #D		
CITY-ST-ZIP APOPKA FL 32703		
TITLE <input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	NAME VELAZQUEZ, STEVEN
STREET ADDRESS 50 EAST MAGNOLIA ST #D		
CITY-ST-ZIP APOPKA FL 32703		
TITLE <input checked="" type="checkbox"/> SD	<input type="checkbox"/> Delete	NAME SMITH, TERRI
STREET ADDRESS 2986 SUN POINTE		
CITY-ST-ZIP KISSIMEE FL 34741		
TITLE <input checked="" type="checkbox"/> TD	<input type="checkbox"/> Delete	NAME SOTO, ELMELDA
STREET ADDRESS 1316 BERWICK DR		
CITY-ST-ZIP LEESBURG FL 34748		
TITLE <input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	NAME CHAPMAN, GERTRUDE
STREET ADDRESS 1523 THORNHILL CIR		
CITY-ST-ZIP OVIEDO FL 32765		
TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		
CITY-ST-ZIP		

TITLE <input checked="" type="checkbox"/> P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Velazquez Elizabeth
STREET ADDRESS 419 Plymouth Rock PL.		
CITY-ST-ZIP Apopka, FL. 32712		
TITLE <input checked="" type="checkbox"/> V/HTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Velazquez, Steven
STREET ADDRESS 419 Plymouth Rock PL.		
CITY-ST-ZIP Apopka, FL. 32712		
TITLE <input checked="" type="checkbox"/> S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Cynthia A. BURGOS
STREET ADDRESS 23 Oak Court Pass		
CITY-ST-ZIP Ocala, FL. 34472		
TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-03

Date

352-454-7429

Daytime Phone #

CR2E037 (10/02)

0071330