

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000012057

Entity Name: EMMAUS MINISTRIES, INC.**Current Principal Place of Business:**1395 CAMPUS VIEW CT.
OVIDO, FL 32765**Current Mailing Address:**P.O. BOX 620473
OVIDO, FL 32762-0473 US**FEI Number: 47-0981342****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**IVES, CALEB M.
1048 CALIFORNIA CREEK DRIVE
OVIDO, FL 32765 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: CALEB IVES****02/10/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	IVES, CALEB M.
Address	1048 CALIFORNIA CREEK DR
City-State-Zip:	OVIDO FL 32765

Title	BOARD MEMBER
Name	JAGEN, TYLER
Address	JORDEN CT
City-State-Zip:	OVIDO FL 32765

Title	VP
Name	PHANEUF, MORGAN
Address	2029 PONDEROSA AVE
City-State-Zip:	WINTER PARK FL 32792-2063

Title	BOARD MEMBER
Name	OWENS, KEVIN
Address	424 WEST PALM VALLEY DR
City-State-Zip:	OVIDO FL 32765

Title	BOARD MEMBER
Name	ANZALDI, TANIA
Address	1709 LAKELET LOOP
City-State-Zip:	OVIDO FL 32765

Title	BOARD MEMBER, SECRETARY
Name	ENOT, ELI
Address	150 BOARDWALK AVE 337
City-State-Zip:	OVIDO FL 32765

Title	BOARD MEMBER
Name	HOFFMAN , KRISTEN
Address	1395 CAMPUS VIEW CT
City-State-Zip:	OVIDO FL 32765

I hereby 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 all other like empowered.

SIGNATURE: CALEB IVES**EXECUTIVE DIRECTOR****02/10/2025**

Electronic Signature of Signing Officer/Director Detail

Date