

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000002454

Entity Name: EMMANUEL ACADEMIES, INC.**Current Principal Place of Business:**777 MOORING LINE DR.
NAPLES, FL 34102**Current Mailing Address:**777 MOORING LINE DR.
NAPLES, FL 34102 US**FEI Number:** 82-0745770**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NEALE, PATRICK
5470 BRYSON CT
SUITE 103
NAPLES, FL 34109 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:** PATRICK NEALE

03/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name WIGDAHL, STEVEN REV.
Address 777 MOORING LINE DR.
City-State-Zip: NAPLES FL 34102

Title VP, DIRECTOR
Name GOODYEAR, PATRICIA DR.
Address 777 MOORING LINE DR.
City-State-Zip: NAPLES FL 34102

Title SECRETARY, DIRECTOR
Name WARDEBERG, GEORGE
Address 777 MOORING LINE DR.
City-State-Zip: NAPLES FL 34102

Title CEO
Name ISAACSON, HOWARD
Address 777 MOORING LINE DRIVE
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name LEE, FRANK
Address 777 MOORING LINE DR.
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name HANSON, MIKE
Address 777 MOORING LINE DR.
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name LEBRON, JOSE REV.
Address 777 MOORING LINE DR.
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name BOYNTON, SYLVIA PHD
Address 777 MOORING LINE DR.
City-State-Zip: NAPLES FL 34102

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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: HOWARD ISAACSON

CEO

03/16/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	JACKSON, TOM
Address	777 MOORING LINE DR.
City-State-Zip:	NAPLES FL 34102