

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000007126

Entity Name: EMMANUEL PROJECT OF NORTHEAST FLORIDA INC.**Current Principal Place of Business:**445 TOWN PLAZA AVE
PONTE VEDRA, FL 32081**Current Mailing Address:**8589 FLORENCE COVE ROAD
SAINT AUGUSTINE, FL 32092 US**FEI Number: 88-2911643****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBISON, JOHN
8589 FLORENCE COVE ROAD
SAINT AUGUSTINE, FL 32092 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	ROBISON, JOHN
Address	8589 FLORENCE COVE ROAD
City-State-Zip:	SAINT AUGUSTINE 32092

Title	OFFICER
Name	ROBISON, KRISTINA
Address	8589 FLORENCE COVE ROAD
City-State-Zip:	SAINT AUGUSTINE 32092

Title	PRESIDENT
Name	PAPAS, STEVE
Address	445 TOWN PLAZA AVE
City-State-Zip:	PONTE VEDRA FL 32081

Title	M
Name	JENSEN, PETER
Address	6 EAST BAY STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	M
Name	WHITE, BONNIE
Address	445 TOWN PLAZA AVE
City-State-Zip:	PONTE VEDRA FL 32081

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: STEVEN D. PAPAS**PRESIDENT****01/30/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date