

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

25 MAY 20 1995

DOCUMENT # **N38598** (1)

1. Corporation Name

**EMERALD COAST CHURCH OF CHRIST, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1/2 CECIL R. BELK  
300 SOUTH AVENUE  
FT. WALTON BEACH FL 32547

1/2 CECIL R. BELK  
300 SOUTH AVENUE  
FT. WALTON BEACH FL 32547

3. Date Incorporated or Qualified  
**06/14/1990**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**59-3040400**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUDGE RALPH L  
300 SO AVENUE  
FT. WALTON BEACH FL 32547

81 Name **Cecil R. Belk**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**878 Masters Blvd.**  
83  
84 City **Shalimar** FL 85 Zip Code **32579**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Cecil R. Belk*  
Signature, typed or printed name of registered agent and title if applicable

*Cecil R. Belk Board Member*  
(NOTE: Registered Agent signature required when restoring)

**5/23/95**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BELK, CECIL R.
STREET ADDRESS	630 COUNTRY CLUB AVE.
CITY - ST - ZIP	FT. WALTON BEACH FL
TITLE	D
NAME	FUDGE, RALPH L.
STREET ADDRESS	213 PILGRIM AVE.
CITY - ST - ZIP	FT. WALTON BEACH FL
TITLE	D
NAME	BLACKERBY, DELIA
STREET ADDRESS	510 TRENTON ST.
CITY - ST - ZIP	FT. WALTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>878 Masters Blvd</b>
14 CITY - ST - ZIP	<b>Shalimar, FL 32579</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cecil R. Belk* *Cecil R. Belk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/23/95** (904) 678-8191  
DATE TELEPHONE #