

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38598** (1)
1. Corporation Name
EMERALD COAST CHURCH OF CHRIST, INC.



Principal Place of Business Mailing Address
% CECIL R. BELK **% CECIL R. BELK**
300 SOUTH AVENUE **300 SOUTH AVENUE**
FT. WALTON BEACH FL 32547 **FT. WALTON BEACH FL 32547**

3. Date Incorporated or Qualified **06/14/1990** 3a. Date of Last Report **05/30/1995**
4. FEI Number **59-3040400** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BELK, CECIL R
878 MASTERS BLVD
SHALIMAR, FL 32579

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	C/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELK, CECIL R.	12 NAME	
STREET ADDRESS	878 MASTERS BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	W/C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUDGE, RALPH L.	22 NAME	Randall Bryant
STREET ADDRESS	213 PILGRIM AVE.	23 STREET ADDRESS	510 Trenton
CITY-ST-ZIP	FT. WALTON BEACH FL	24 CITY-ST-ZIP	FT. Walton Beach FL 32547
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKERBY, DELIA	32 NAME	Dennis Blackerby
STREET ADDRESS	510 TRENTON ST.	33 STREET ADDRESS	510 Trenton St.
CITY-ST-ZIP	FT. WALTON BEACH FL	34 CITY-ST-ZIP	FT. Walton Beach FL 32547
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	300001833599 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-05/22/96--01010--019
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 617, 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** **4/23/96 (904) 863-4300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)