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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38598 (1)
 1. Corporation Name
EMERALD COAST CHURCH OF CHRIST, INC.



Principal Place of Business % CECIL R. BELK 300 SOUTH AVENUE FT. WALTON BEACH FL 32547	Mailing Address % CECIL R. BELK 300 SOUTH AVENUE FT. WALTON BEACH FL 32547
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3. Date Incorporated or Qualified 06/14/1990	
4. FEI Number 59-0040400	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 CD	NAME BELK, CECIL R.	1.1 TITLE SD	1.2 NAME Belk, Cecil R
STREET ADDRESS 878 MASTERS BLVD	CITY-ST-ZIP SHALIMAR FL	1.3 STREET ADDRESS 878 Masters Blvd	1.4 CITY-ST-ZIP Shalimar, FL 32579
TITLE D	NAME RANDALL, BRYANT	2.1 TITLE D	2.2 NAME Collier, Ken
STREET ADDRESS 510 TRENTON	CITY-ST-ZIP FT WALTON BEACH FL	2.3 STREET ADDRESS 17 Mayo Street	2.4 CITY-ST-ZIP Hurlbert AFB, FL 32544
TITLE STD	NAME BLACKERBY, DENNIS	3.1 TITLE TD	3.2 NAME Blackerby, Delia
STREET ADDRESS 510 TRENTON ST.	CITY-ST-ZIP FT WALTON BEACH FL 32547	3.3 STREET ADDRESS 510 Trenton	3.4 CITY-ST-ZIP FT Walton Beach, FL 32547
TITLE VCD	NAME FERRIS, JOE	4.1 TITLE	4.2 NAME
STREET ADDRESS 403 LITTLE JOHN RD	CITY-ST-ZIP MARY ESTHER FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME WHITESIDE, BILL	5.1 TITLE CD	5.2 NAME Whiteside, Bill
STREET ADDRESS 301 YANCY	CITY-ST-ZIP FT WALTON BEACH FL	5.3 STREET ADDRESS 301 Yancy	5.4 CITY-ST-ZIP FT. Walton Beach, FL 32547
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **4/29/98 (850) 678-8061**

CFR2037 (10/97)