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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90105 035 ****61.50

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38598

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/14/1990	4. FEI Number 59-3040400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees		

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
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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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD <input type="checkbox"/> DELETE	NAME BELK, CECIL R.	1.1 TITLE VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 878 MASTERS BLVD	CITY-ST-ZIP SHALIMAR FL	1.2 NAME Bruce Bishopric	
TITLE D <input type="checkbox"/> DELETE	NAME RANDALL, BRYANT	1.3 STREET ADDRESS O Nimrod Circle	
STREET ADDRESS 510 TRENTON	CITY-ST-ZIP FT WALTON BEACH FL	1.4 CITY-ST-ZIP Niceville, FL 32578	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME COLLIER, KEN	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 17 MAYO STREET	CITY-ST-ZIP HURLBERT AFT FL 32544	2.2 NAME Edna Belk	
TITLE VCD <input checked="" type="checkbox"/> DELETE	NAME FERRIS, JOE	2.3 STREET ADDRESS 878 Masters Blvd	
STREET ADDRESS 403 LITTLE JOHN RD	CITY-ST-ZIP MARY ESTHER FL	2.4 CITY-ST-ZIP Shalimar, FL 32579	
TITLE CD <input checked="" type="checkbox"/> DELETE	NAME WHITESIDE, BILL	3.1 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 301 YANCY	CITY-ST-ZIP FT WALTON BEACH FL 32547	3.2 NAME Randall Bryant	
TITLE TD <input type="checkbox"/> DELETE	NAME BLAKERBY, DELIA	3.3 STREET ADDRESS 420 Woodrow Street	
STREET ADDRESS 510 TRENTON	CITY-ST-ZIP FT WALTON BEACH FL 32547	3.4 CITY-ST-ZIP Ft. Walton Beach, FL 32547	
TITLE D <input type="checkbox"/> DELETE	NAME FERRIS, JOE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 403 LITTLE JOHN RD	CITY-ST-ZIP MARY ESTHER FL	4.2 NAME Ronnie Wilson	
TITLE CD <input checked="" type="checkbox"/> DELETE	NAME WHITESIDE, BILL	4.3 STREET ADDRESS 8701 Estrada Street	
STREET ADDRESS 301 YANCY	CITY-ST-ZIP FT WALTON BEACH FL 32547	4.4 CITY-ST-ZIP Navarre, FL 32566	
TITLE TD <input type="checkbox"/> DELETE	NAME BLAKERBY, DELIA	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 510 TRENTON	CITY-ST-ZIP FT WALTON BEACH FL 32547	5.2 NAME Landis Rich	
TITLE TD <input type="checkbox"/> DELETE	NAME BLAKERBY, DELIA	5.3 STREET ADDRESS 317D Green Acres Rd.	
STREET ADDRESS 510 TRENTON	CITY-ST-ZIP FT WALTON BEACH FL 32547	5.4 CITY-ST-ZIP Ft. Walton Beach, FL 32547	
TITLE TD <input type="checkbox"/> DELETE	NAME BLAKERBY, DELIA	6.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 510 TRENTON	CITY-ST-ZIP FT WALTON BEACH FL 32547	6.2 NAME Delia Blakerby	
TITLE TD <input type="checkbox"/> DELETE	NAME BLAKERBY, DELIA	6.3 STREET ADDRESS 510 Trenton	
STREET ADDRESS 510 TRENTON	CITY-ST-ZIP FT WALTON BEACH FL 32547	6.4 CITY-ST-ZIP Ft. Walton Beach, FL 32547	

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, with all other like empowered.

SIGNATURE: _____

CR2E037 (11/98)