

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91081 045 ****61.25

DOCUMENT # N38598

1. Entity Name

EMERALD COAST CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

**% CECIL R. BELK
 300 SOUTH AVENUE
 FT. WALTON BEACH FL 32547**

**% CECIL R. BELK
 300 SOUTH AVENUE
 FT. WALTON BEACH FL 32547**

766606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3040400

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELK, CECIL R
 878 MASTERS BLVD
 SHALIMAR FL 32579**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **RICH, LANDIS**
 STREET ADDRESS **317D GREENACRES RD**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **RANDALL, BRYANT**
 STREET ADDRESS **510 TRENTON**
 CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** Delete
 NAME **BISHOPRIE, BRUCE**
 STREET ADDRESS **6 NIMTOD CIRCLE**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** Change Addition
 NAME **Joyce Lee**
 STREET ADDRESS **121 Second Ave SW**
 CITY-ST-ZIP **FT. Walton Beach FL 32548**

TITLE **D** Delete
 NAME **BELK, EDNA**
 STREET ADDRESS **878 MASTERS BLVD**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILSON, RONNIE**
 STREET ADDRESS **8701 ESTRADA STREET**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **D** Change Addition
 NAME **Cecil Belk**
 STREET ADDRESS **878 Masters Blvd**
 CITY-ST-ZIP **Shalimar, FL 32579**

TITLE **TD** Delete
 NAME **BLAKERBY, DELIA**
 STREET ADDRESS **510 TRENTON**
 CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cecil Belk* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 2001 (850) 678-8061

Date Daytime Phone #

CR2E037 (10/00)