

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90218 011 ****61.25



DO NOT WRITE IN THIS SPACE

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **LEE, JOYCE**
 STREET ADDRESS **121 SECOND AVE, SW**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
TD
 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 R. BELK* **CECIL R. BELK** *April 10, 2002* **April 10, 2002 (850) 678-8061**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)